

# EXHIBIT A

*to the*

## DECLARATION OF REBECCA POCK

*in support of*

### DEFENDANT'S MOTION TO DISMISS FOR LACK OF SUBJECT MATTER JURISDICTION

*Reed, et al. v. United States*, No. 3:18-cv-201-JRG-CRW (E.D. Tenn.)  
*Anculle, et al. v. United States*, No. 3:18-cv-308-JRG-CRW (E.D. Tenn.)  
*Adkins, et al. v. United States*, No. 3:18-cv-310-JRG-CRW (E.D. Tenn.)  
*Vance, et al. v. United States*, No. 3:19-cv-283-JRG-CRW (E.D. Tenn.)  
*Barnes, et al. v. United States*, No. 3:19-cv-296-JRG-CRW (E.D. Tenn.)  
*Abbott, et al. v. United States*, No. 3:20-cv-149-JRG-CRW (E.D. Tenn.)

LAW OFFICES

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MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

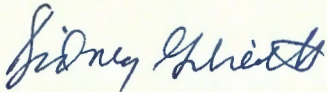
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

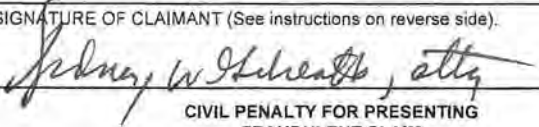
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings, total contents and 1973 Camper located at: 617 Baskins Creek Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  283,640.00		12b. PERSONAL INJURY  		12c. WRONGFUL DEATH  	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  283,640.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (If it is necessary that you ascertain these facts).

19. Do you carry public liability and property damage Insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

American Reliable Insurance

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested persons, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

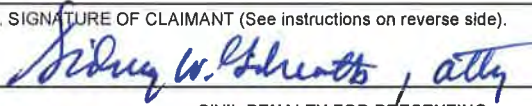
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Brittany M. Adkins 676 Rocky Flats Road Cosby, TN 37722		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Private residence plus furnishings and total contents located at: 1174 Annes Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<div style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">NOV 21 2017</div> <div style="color: blue; font-weight: bold; font-size: 1.2em;">AIP</div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
4,000,000				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 4,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 10-24-17					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes    If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	17. If deductible, state amount.
Coverage is inadequate	
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).	
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes    If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No	
State Farm	
INSTRUCTIONS	
<p><b>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</b></p> <p style="text-align: center;"><b>Complete all items - Insert the word NONE where applicable.</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p><b>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</b></p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) <b>Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</b></p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <b>Authority:</b> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. <b>Principal Purpose:</b> The information requested is to be used in evaluating claims.</p> <p>C. <b>Routine Use:</b> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <b>Effect of Failure to Respond:</b> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

LAW OFFICES

# Gilreath & Associates, PLLC

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P.O. BOX 1270  
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615/255-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

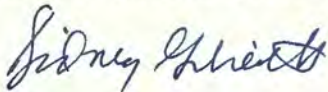
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738



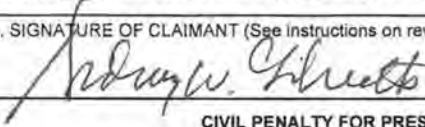
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented plus furnishing and total contents for 2 kids and parent and Honda located at: 1661 Mitchell Drive, Pigeon Forge, TN 37876.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (In dollars)					
12a. PROPERTY DAMAGE  1,000,000		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/20/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property:

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

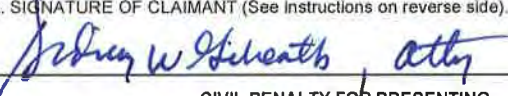
- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.  <div style="text-align: right; font-size: 1.2em; color: blue; font-weight: bold;">RECEIVED</div>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="text-align: right; font-size: 1.2em; color: red; font-weight: bold;">NOV 21 2017</div> <div style="text-align: right; font-size: 1.5em; color: blue; font-weight: bold;">AIP</div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Grocery Store and Deli/Restaurant Business and total contents located at: 330 Baskins Creek Road Gatlinburg, TN 37738					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
3,000.00			3,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-24-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident Insurance? <input type="checkbox"/> Yes    If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	17. If deductible, state amount.
Coverage is inadequate	
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).	
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes    If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No	
Capital Recovery	
INSTRUCTIONS	
<p><b>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</b></p> <p style="text-align: center;"><b>Complete all items - Insert the word NONE where applicable.</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p><b>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</b></p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A <b>SUM CERTAIN</b> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <b>TWO YEARS</b> AFTER THE CLAIM ACCRUES</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) <b>Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</b></p> </div> </div>	
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<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <b>Authority:</b> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. <b>Principal Purpose:</b> The information requested is to be used in evaluating claims.</p> <p>C. <b>Routine Use:</b> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <b>Effect of Failure to Respond:</b> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

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ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

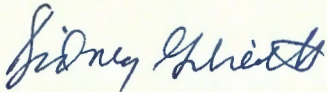
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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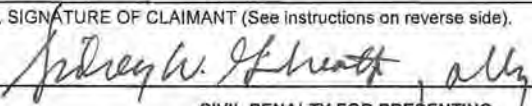
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Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  AMENDED - Claimant: Grocery Store and Deli/Restaurant Business and total contents located at: 330 Baskins Creek Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (In dollars)					
12a. PROPERTY DAMAGE  300,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  300,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/20/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No

17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Capital Recovery

### INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
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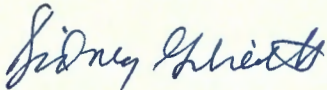
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

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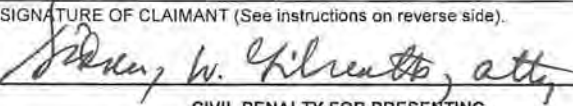


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Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence; lost total contents; located at: 474 Baskins Creek, Gatlinburg, TN 37738.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
20,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  20,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/2/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

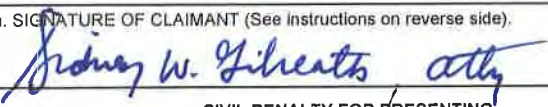
A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<div style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.1em;">NOV 21 2017</div>					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">AIP</div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented an apartment and lost all furnishings and total contents located at: 602 East Parkway Apt 19 Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
1,200,000				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,200,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-24-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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TELEPHONE 865/637-2442  
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615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

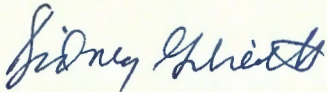
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

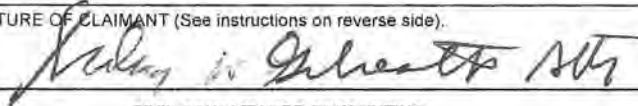
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
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Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented an apartment and lost all furnishings and total contents located at: 602 East Parkway Apt 19 Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  1,200,000		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,200,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 9/14/8
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
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TELEPHONE 865/637-2442  
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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
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NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

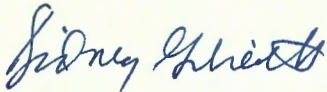
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAT  
OFFICE OF THE

2018 NOV 27 AM 8:52

RECEIVED

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

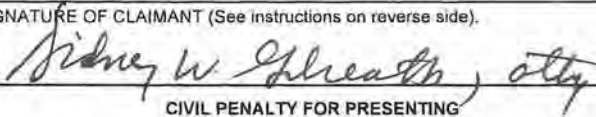


Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
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Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private Residence and contents lost; Loss of two pet cats; located at 520 Roaring Fork Cove, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
500,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 500,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/3/12
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Safeco

## INSTRUCTIONS

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STANDARD FORM 95 REV. (2/2007) BACK





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Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code) ☐ No

USAA

## INSTRUCTIONS

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**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
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NASHVILLE, TENNESSEE 37201  
615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

RECEIVED SEP 17 2018

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAT  
OFFICE OF THE

2018 SEP -5 AM 8:08

RECEIVED

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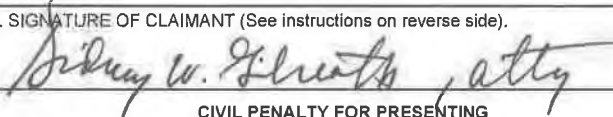


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cubbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavcrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37863		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Owner of private residence located at 1981 Fox View Lane, Sevierville, TN 37876; total house and contents lost; 16 acres of trees; antiques and art					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
700,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 700,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 5/25/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farmers

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

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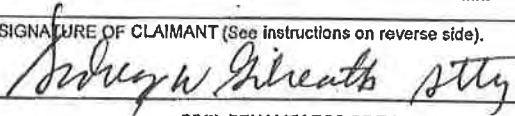
A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11-23-2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
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<b>RECEIVED</b>					
9. <b>PROPERTY DAMAGE</b> OCT 2 - 2017					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  [REDACTED] <b>AIP</b>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: 2 log houses with one being his private residence plus furnishings and total contents of both located at 1979 Sandstone Way, Pigeon Forge, TN 37863; barn; chickens; 4-stall garage; 3 show cars: 1- 1962 Chevrolet pickup; 2 - 1983 Chevrolet pickup and 3- 2006 Corvette					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE \$600,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$600,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/24/17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



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LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

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TELEPHONE 865/637-2442  
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615/256-3388

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MEMPHIS, TENNESSEE 38103  
901/527-0811

September 5, 2017

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

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OCT 2 - 2017

AIP

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of 74 additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 74 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC

  
Sidney W. Gilreath, Esq.

SWG/kmw  
Enclosures

EXECUTIVE SECRETARIAT  
OFFICE OF THE

2017 SEP -8 PM 2:07

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401210



James Barnes  
1780 East Parkway  
Gatlinburg, TN 37738

Willard H. King  
Susan L. Kelly  
P.O. Bo 1128  
Pigeon Forge, TN 37868

Robert A. Brogan  
3136 Glenn Huskey Road  
Sevierville, TN 37862

Jonathan L. Bryant  
Chasslene Robbins  
3074 Walters Way  
Sevierville, TN 37862

Arnold L. Carr  
1709 Lloyd Proffitt Way  
Gatlinburg, TN 37738

Kimberly D. Clark  
1074 Hele Street  
Kailua, Hawaii 96734

Laurie A. Contois  
P.O. Box 1370  
Gatlinburg, TN 37738

Christopher Dunaway  
694 Eagles Blvd. Way  
Pigeon Forge, TN 37863

Dennis H. and Deborah C. Horton  
801 Ruel Snead Road  
Altoona, AL 35952

Joss E. Henry  
3215 Butler Street  
Pigeon Forge, TN 37863

Brittany N. Hyre Anculle  
800 Edenbough Circle  
Auburn Hills, MI 48326

Lisa M. Bates  
221 Bishop Lane  
Gatlinburg, TN 37738

Bruce A. Brault  
Jiraporn Numnuan  
833 Village Loop Road  
Gatlinburg, TN 37738

Deborah A. Brooks  
219 Emert Street  
Pigeon Forge, TN 37863

Michael W. Buchanan  
Lidda J. Marler  
P.O. Box 1733  
Pigeon Forge, TN 37868

Myrl J. Carr  
535 Baskins Creek Road  
Gatlinburg, TN 37738

William C. and Colleen J. Cole  
305 Scenic Shores Way  
Dandridge, TN 37725

Curtis A. and Flavia G. Cupp  
9278 Perth Road  
Lake Worth, FL 33467

Stephen D. and Sandra S. McHan  
711 Valley Road  
Gatlinburg, TN 37738

James D. and Brandi M. Holifield  
477 Seaton Way  
Kodak, TN 37764

Mark E. Howard  
316 Jackson Road  
Gatlinburg, TN 37738

David C. Johnson  
945 East Parkway #300  
Gatlinburg, TN 37738

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1644 Riceland Drive  
Sevierville, TN 37862

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Brocuglio  
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Sevierville, TN 37862

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Sevierville, TN 37864

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Joann K. Tant  
406 Greystone Heights Road  
Gatlinburg, TN 37738

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Gatlinburg, TN 37738

Michael A. Cushman  
913 Yarbrough Lane  
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708 Beanstalk Court  
Gatlinburg, TN 37738

Stewart G. and Amara Y. Honeck  
545 Forest Springs Drive  
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2415 Big River Overlook Dr.  
Sevierville, TN 37876

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1415 Avery Lane Apt #621  
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P.O. Box 135  
Gatlinburg, TN 37738

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2905 Granite Avenue  
Pigeon Forge, TN 37863

Jeffrey O. and Katheryn J. Kiser  
P.O. Box 365  
Gatlinburg, TN 37738

Kimberly D. Knight  
1650 Myers Road  
Sevierville, TN 47862

Kathryn L. Nelson  
P.O. Box 135  
Gatlinburg, TN 37738

Barbara Jean Ledbetter  
P.O. Box 1213  
Gatlinburg, TN 37738

James M. and Catherine S.  
McElheney  
2225 Parkway #32  
Pigeon Forge, TN37863

Darlene R. Verito  
Keith M. Flannery  
P.O. Box 1401  
Gatlinburg, TN 37738

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McMahan  
213 Sutton Hill Court  
Smyrna, TN 37167

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P.O. Box 101  
Gatlinburg, TN 37738

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3305 Leonard Husky Lane  
Pigeon Forge, TN 37863

Gary W. and Jane E. Morris  
P.O. Box 1493  
Gatlinburg, TN 37738

Charles E. Jr and Robin L. Nelson  
528 Baskins Creek Road  
Gatlinburg, TN 37738

Kenneth E. and Anna M. Kraujalis  
706 Chestnut Drive  
Gatlinburg, TN 37738

Tony C. and Deborah Ogle  
296 Honey Lane  
Del Rio, TN 37727

Teddy V. Osborne  
611 Timber Ridge Road  
Gatlinburg, TN 37738

John F. and Patricia R. Panzarella  
21320 Front Beach Road Apt C  
Panama City Beach, FL 32413

Roger D. Parsons  
221 Bishop Lane  
Gatlinburg, TN 37738

Melinda R. Paxson  
602 Ridge Road  
Gatlinburg, TN 37738

Justyn R. and Gertrude E. Perkins  
2533 Sportsman Way  
Sevierville, TN 37876

Scott A. and Vicki M. Perniciaro  
569 Baskins Creek Road  
Gatlinburg, TN 37738

Steven J. and Linda G. Pickel  
208 Mill Creek Drive  
Panama City, FL 32409

Michael D. and Angela N. Weems  
2111 Harding Place  
Murfreesboro, TN 37129

Tami S. Poe  
1563 Mint Meadows Dr.  
Maryville, TN 37803

Shawn P. Robbins  
288 Red Bud Lane  
Sevierville, TN 37876

Patricia R. Shelton  
539 Beech Branch Road  
Gatlinburg, TN 37738

Janet J. Webb  
P.O. Box 4100  
Sevierville, TN 37864

William I. and Jill A. Taylor  
8041 N.W. 47<sup>th</sup> Court  
Lauderhill, FL 33351

Bryan H. Thomas  
210 Landing Drive Apt C  
North Myrtle Beach, SC 29582

Dave W. and Patricia L. Thomas  
8515 Honeysuckle Drive  
Collinsville, MS 39325

Cheri M. Towles  
388 Red Bud Lane  
Sevierville, TN 37876

Bud and Janice Trentham  
650 Baskins Creek Road  
Gatlinburg, TN 37738

Shawn M. and Lynette F. Waite  
111 Cedar Lane  
Oak Ridge, TN 37830

Rubi D. Ward  
2070 Cook Mill Road  
Dandridge, TN 37725

Samuel H. and Dorothy R. Simchon  
225 By-Pass 72 NW  
Greenwood, SC 29649

Daniel D. Williams  
1308 E. Harper Avenue  
Maryville, TN 37804



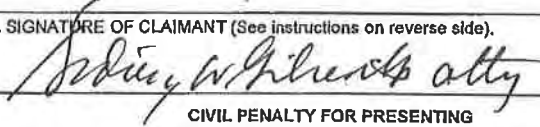
Jeffrey L. and Kimberly R.  
Wilkerson  
1320 Millwood Drive  
Sevierville, TN 37862

Joel D. Poole  
Veronica Gloria Tejada Gomez  
P.O. Box 342  
Gatlinburg, TN 37738

Dallas C. Hack  
Barbara A. Tobery-Hack  
1517 Peach Tree Street  
Sevierville, TN 37862

Cynthia M. Yearick  
1402 E. Parkway, Shop #12  
Gatlinburg, TN 37738

Matthew L. and Adriana E. Zoder  
1710 Cardinal Drive  
Gatlinburg, TN 37738

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Lisa M. Bates 221 Bishop Lane Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	
<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.					
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  _____					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimant: Rented and lived in a log cabin #10 - lost entire contents located at: 452 Baskins Creek Road, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  _____					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$5,000.00		<b>12b. PERSONAL INJURY</b>  _____		<b>12c. WRONGFUL DEATH</b>  _____	
				<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$5,000.00	
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side). 			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the Insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of Insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

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222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

RECEIVED SEP 17 2018

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAT  
OFFICE OF THE

2018 SEP -5 AM 8:08

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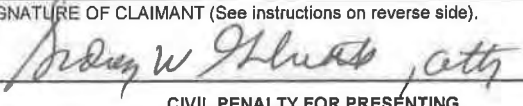
024138

Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cubbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavcrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591



Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metaire, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbott, TN 37877		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	7. TIME (A.M. OR P.M.)  4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rental Office Space Located at 1003 East Parkway, Gatlinburg, TN; Computers, Furniture, Tools and Vehicles Lost; 13 ATVs for Rental Business lost					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  2,000,000	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  2,000,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  5/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

MDA Insurance (vehicles)  
(No Renter's Insurance)

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

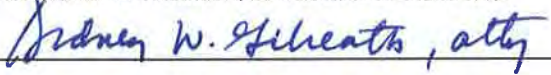
A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Melissa A. Beard Carl B. Beard 17112 Mallet Hill Drive Louisville, KY 40245		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 781 Village Loop Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
460,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 460,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 10-24-17					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

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In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

United National

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

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Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

# Gilreath & Associates, PLLC

BANK OF AMERICA CENTER  
550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
www.sidgilreath.com

SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

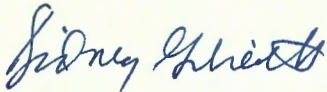
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

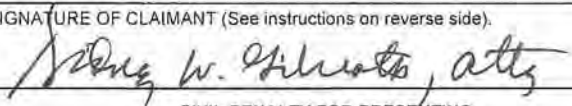
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private Residence and total contents lost; Vehicle components, 1993 Ford van, 2000 Ford van, jewelry, antiques, family papers, 1150 Hemlock Drive, Gatlinburg, TN 37738.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (In dollars)					
12a. PROPERTY DAMAGE  385,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  385,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/2/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount:

Coverage is inadequate

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19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

MetLife

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

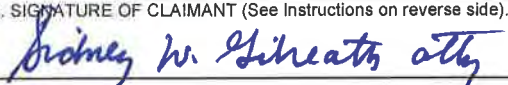
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Deborah S. Beckman 1260 East Arnold Street Sandwich, IL 60548		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.  <div style="text-align: right; font-size: 1.2em; color: blue; font-weight: bold;">RECEIVED</div>					
9. <b>PROPERTY DAMAGE</b> <span style="float: right; color: red;">NOV 21 2017</span>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="text-align: right; font-size: 1.2em; color: blue; font-weight: bold;">AIP</div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence located at: 474 Baskins Creek Road, Apt 16 Gatlinburg, TN; total contents lost					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
10,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 10,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 10-24-17					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

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**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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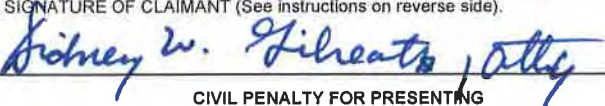
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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  James M. Bell Gena R. Bell 1644 Riceland Drive Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  AMENDED- Claimants: Pizza business and contents (Bell's Volunteer Pizza and Subs) located at: 510 Ski Mountain Road, #2, Gatlinburg, TN 37738. Primary Income and it took owners 9 years to build the business into what it was at the time of the fire.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  700,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  700,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11-7-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

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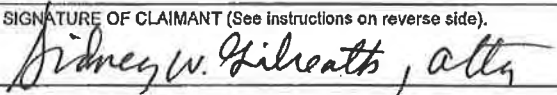
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STANDARD FORM 95 REV (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See Instructions on reverse). Number, Street, City, State and Zip code.  James M. Bell Gena R. Bell 1644 Riceland Drive Sevierville, TN 37862		
<b>3. TYPE OF EMPLOYMENT</b>  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>5. MARITAL STATUS</b>  Married	<b>6. DATE AND DAY OF ACCIDENT</b>  11-23-2016      Wednesday	<b>7. TIME (A.M. OR P.M.)</b>  4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  <div style="height: 40px;"></div>					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimants: Pizza business and contents (Bell's Volunteer Pizza and Subs located at: 510 Ski Mountain Road, #2, Gatlinburg, TN 37738. Primary income and it took owners 9 years to build the business into what it was at the time of the fire.					
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<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  <div style="height: 80px;"></div>					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$500,000.00	<b>12b. PERSONAL INJURY</b>  <div style="height: 40px;"></div>	<b>12c. WRONGFUL DEATH</b>  <div style="height: 40px;"></div>	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$500,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side). 		<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  (865) 637-2442		<b>14. DATE OF SIGNATURE</b>  8/22/17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			



# INSURANCE COVERAGE

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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

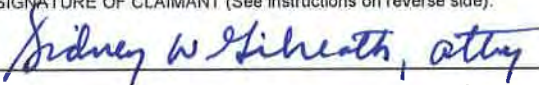
- Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- Principal Purpose:** The information requested is to be used in evaluating claims.
- Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
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## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse) Number, Street, City, State and Zip code.  Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishing and total contents located at: 754 Widows Knob Road Gatlinburg, TN					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  300,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  300,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-24-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No

17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code) ☐ No

State Farm

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
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TELEPHONE 865/637-2442  
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GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

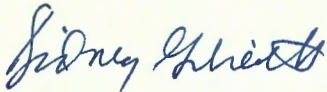
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

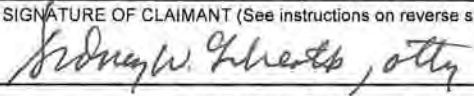
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse), Number, Street, City, State and Zip code.  Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  AMENDED - Claimant: Renting plus furnishing and total contents located at: 754 Widows Knob Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
300,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  300,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/27/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
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Coverage is inadequate

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State Farm

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This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

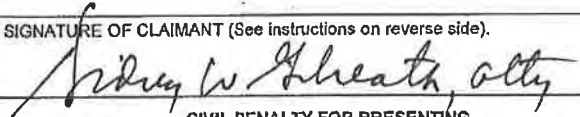
A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Priscilla A. Blackburn 2905 Granite Avenue Pigeon Forge, TN 37863		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH  <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11-23-2016      Wednesday	7. TIME (A.M. OR P.M.)  4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  <p>The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.</p>					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented the 2nd floor of a house located at 330 N. Circle Drive, Gatlinburg, TN 37738. Lost entire contents, 2001 Honda Accord and Motocross bike.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE  \$50,000.00	12b. PERSONAL INJURY  	12c. WRONGFUL DEATH  	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  \$50,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  		13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  8/22/17	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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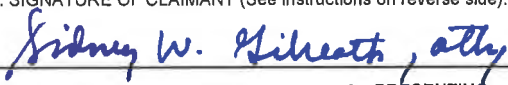
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Terry H. Blanton Jr Kimberly F. Blanton P.O. Box 511 Meansville, GA 30256		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence and total contents located at: 334 Long Hollow Road Sevierville, TN 37876 Rental property and total contents located at: 914 Oak Ridge Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413  Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  750,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  750,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  10-24-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

USAA

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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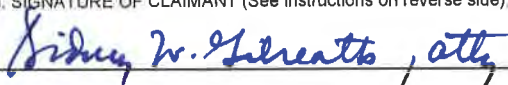
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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See Instructions on reverse). Number, Street, City, State and Zip code.  Cynthia D. Blocker 2969 Pine Haven Drive Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 05/27/1965	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
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NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 745 Ellis Ogle Road Gatlinburg, TN 37738					
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NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
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12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
250,000.00				250,000.00	
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14. DATE OF SIGNATURE 10-24-17					
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17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

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222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

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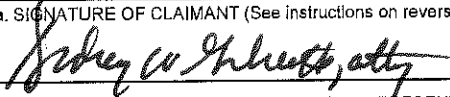
024138

Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591



Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Renting private residence; total contents; damage to vehicle located at 326-2 Cottage Drive Gatlinburg, TN					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
125,000.00			125,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 		13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/21/18	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

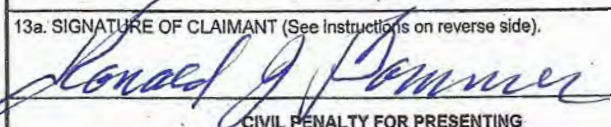
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Ronald J. Bommer mail address: 5576 Bridgetown Rd. Cincinnati, OH 45248		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH  [REDACTED]	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016    Wednesday	7. TIME (A.M. OR P.M.)  4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.  #414 & #415 Highlands Condominiums, 855 Campbell Lead Rd. Gatlinburg, TN 37738					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="text-align: right; font-size: 2em; transform: rotate(90deg); opacity: 0.5;">026052</div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  All 8 residential condominiums in this building part of the 77 unit complex were destroyed to the ground.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  no injuries or deaths occurred at that location.					
11. <b>WITNESSES</b>					
NAME  Cindy & Mike Werner		ADDRESS (Number, Street, City, State, and Zip Code)  823 Holston Dr. Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  \$300,000. Total for 2 units above.	12b. PERSONAL INJURY  none	12c. WRONGFUL DEATH  none	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).   CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			13b. PHONE NUMBER OF PERSON SIGNING FORM 513-300-6466 C. 513-574-1020 OFF		14. DATE OF SIGNATURE 11/19/18
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Look up who the check came from.

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

Not auto insurance. Our homeowners Association filed & collected full amount as recommended by the insurance. Recommended amounts were insufficient. FILED

-0-

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

I carry liability insurance - Home owner's Association carried property coverage in amounts recommended by the insurance company

LIBERTY INS. VIA CH1 IN CINCINNATI 513-231-1140

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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CARY L. BAUER  
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ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

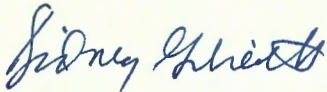
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

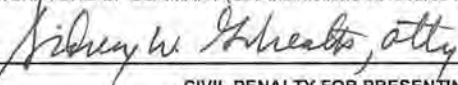
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Stephen E. Bond 5896 Milburne Drive Milford, OH 45150		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code):					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 224 Sherman Clabo Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
450,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  450,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/20/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Nationwide

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
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NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

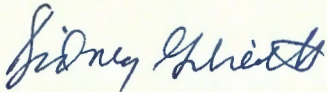
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

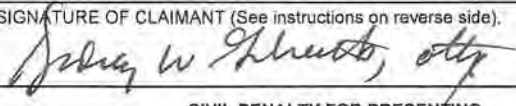


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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence, total contents located at: 424 Troy Drive, Pigeon Forge, TN 37863; Artwork, Jewelry.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
450,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  450,000.00	
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13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts);

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

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**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301; 28 U.S.C. 501 et seq.; 28 U.S.C. 2671 et seq.; 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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550 MAIN AVENUE, SUITE 600

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615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

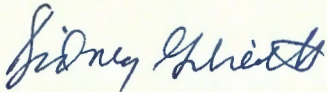
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



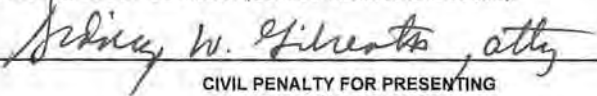
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence located at: 249 Bear Mountain Road, Gatlinburg, TN 37738; total contents.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
4,000.00				4,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/3/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
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- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Elizabeth B. Boyd Michael H. Boyd 213 Young Mill Road NE Kingston, GA 30145		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 628 Topside Drive Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">NOV 21 2017</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">AIP</div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
400,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  400,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Fikeath, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE <i>10-23-17</i>
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Cox Agency Auto Owners

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

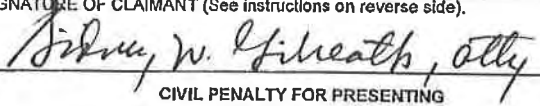
- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Bruce A. Brault Jiraporn Numnuan 833 Village Loop Road Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>5. MARITAL STATUS</b> Married		<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	
<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.					
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimants: Private residence plus furnishings and total contents located at: 833 Village Loop Road, Gatlinburg, TN 37738; Gator 4-wheeler; go kart; 2 utility trailers; enclosed trailer; 1969 Springer Harley Davidson (showpiece); 175 outboard boat-motor.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM</b> (In dollars)					
<b>12a. PROPERTY DAMAGE</b>  \$1,000,000.00		<b>12b. PERSONAL INJURY</b>		<b>12c. WRONGFUL DEATH</b>	
				<b>12d. TOTAL</b> (Failure to specify may cause forfeiture of your rights).  \$1,000,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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95-109

STANDARD FORM 96 (REV. 2/2007)  
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28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the Insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage Insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

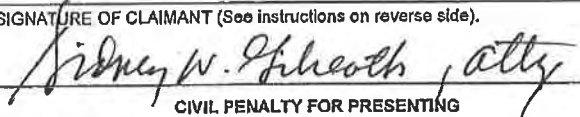
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- B. Principal Purpose: The information requested is to be used in evaluating claims.
- C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Charles S. Brocuglio Susan J. Brocuglio P.O. Box 5582 Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11-23-2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimants: Private residence (log house with 10 bedrooms & 5 bathrooms) plus furnishings and total contents located at: 487 Baskins Creek Road, Gatlinburg, TN 37738. Also 2004 Volkswagen; pop-up camper and pet gerbil.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (In dollars)					
12a. PROPERTY DAMAGE  \$7,000,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  \$7,000,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  8/22/17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the Insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your Insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all Items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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The amount claimed should be substantiated by competent evidence as follows:

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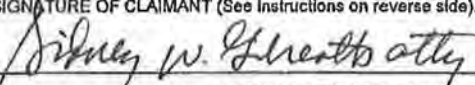
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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Robert A. Brogan 3136 Glenn Huskey Road Sevierville, TN 37862		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  [REDACTED]					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimant: Renter of detached garage apartment at a private residence - Total contents located at: 950 Daisy Lane, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  [REDACTED]					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$10,000.00	<b>12b. PERSONAL INJURY</b>  [REDACTED]	<b>12c. WRONGFUL DEATH</b>  [REDACTED]	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$10,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  (865) 637-2442	<b>14. DATE OF SIGNATURE</b>  8/22/17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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550 MAIN AVENUE, SUITE 600

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MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

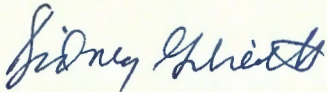
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

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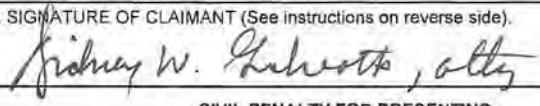
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse), Number, Street, City, State and Zip code.  Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH  [REDACTED]	5. MARITAL STATUS  Divorced	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	7. TIME (A.M. OR P.M.)  4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property, and causing personal injury.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  AMENDED - Claimant: Private residence located at: 985 Chestnut Drive, Gatlinburg, TN 37738. Plus contents and a 2005 Honda Pilot.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  1st and 2nd degree burns, requiring hospitalization for 5 days plus PTSD.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse), <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
1,500,000	5,000,000		6,500,000		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  		13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/21/18	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>			
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number, ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm Ins. Co.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

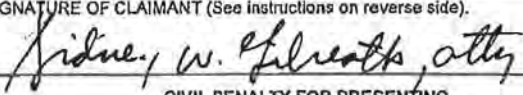
- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	
<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.					
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  <div style="height: 40px;"></div>					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimants: Private residence plus furnishings and total contents located at: 985 Chestnut Drive, Gatlinburg, TN 37738. House, entire contents, 2005 Honda Pilot, pet dog.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  <div style="height: 80px;"></div>					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$1,200,000.00		<b>12b. PERSONAL INJURY</b>  <div style="height: 40px;"></div>		<b>12c. WRONGFUL DEATH</b>  <div style="height: 40px;"></div>	
		<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$1,200,000.00			
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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615/266-3388

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ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

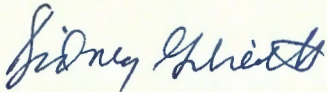
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

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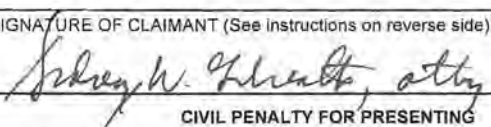
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  William E. Brown Executor of estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>		5. MARITAL STATUS Widow	
6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday		7. TIME (A.M. OR P.M.) 4:00 P.M.			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property, and causing the death of Elaine H. Brown.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Claimants decedent, Elaine H. Brown residing at 2703 Clabo Road, Sevierville, TN 37862, died from trying to escape the fire in an automobile.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
		1,500,000		1,500,000	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/21/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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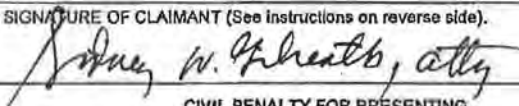
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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Baylen T. Bryant P.O. Box 5541 Sevierville, TN 37864		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11-23-2016      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Renter of a private residence - Total contents, 1999 Subaru Impreza, 1971 Dodge Dart Swinger located at: Gnatty Branch Road, Gatlinburg, TN 37738					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
\$25,000.00			\$25,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).		13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE	
 CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		(865) 637-2442  CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		8/22/17	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
 PRESCRIBED BY DEPT. OF JUSTICE  
 28 CFR 14.2



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B. **Principal Purpose:** The information requested is to be used in evaluating claims.

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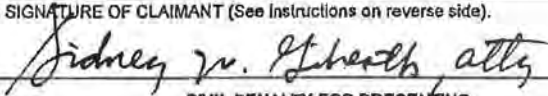
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse), Number, Street, City, State and Zip code.  Jonathan L. Bryant Chasslene Robbins 3074 Walters Way Sevierville, TN 37862		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Married	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	
<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.					
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  [REDACTED]					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimants: Rented a house and lost entire contents for 2 adults and 4 children and all furnishings located at: 3074 Walters Way, Sevierville, TN 37862. Also a musician and lost guitars and music equipment and antique collections.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  [REDACTED]					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$200,000.00		<b>12b. PERSONAL INJURY</b>  [REDACTED]		<b>12c. WRONGFUL DEATH</b>  [REDACTED]	
				<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$200,000.00	
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).   CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

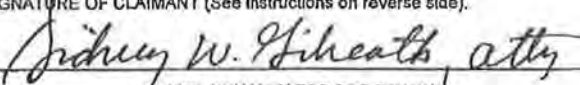
B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Michael W. Buchanan Lidda J. Marler P.O. Box 1733 Pigeon Forge, TN 37868		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Married	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimants: Private residence plus furnishings and total contents located at: 406 Troy Drive, Pigeon Forge, TN 37863. House, entire contents, 2014 Harley Davidson Ultra Classic; utility trailer and \$3,000.00 in Harley Davidson gear.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
\$500,000.00			\$500,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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95-109



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Liberty Mutual

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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LAW OFFICES

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MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

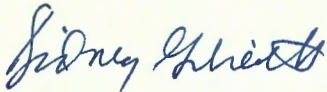
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

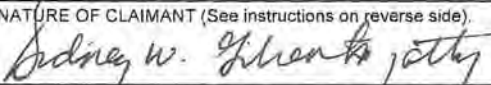


Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Private residence, total contents located at: 738 Ellis Ogle Rd., Gatlinburg, TN 37738.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
60,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 60,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both, (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code): ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

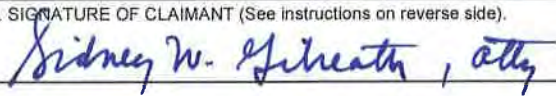
- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Arlan Burns Sylvia J. Burns 2120 Little Cove Road Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents; many antiques located at: 127 W. Holly Ridge Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">NOV 21 2017</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">AIP</div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
600,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 600,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-23-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Barnes (Grange)

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

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SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

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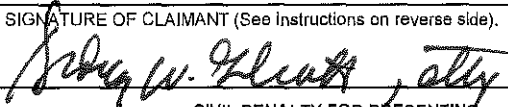


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Guy E. Burroughs Christine M. Burroughs 1432 Black Horse Run Lebanon, OH 45036		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Owned in trust located at: 660 Alta Vista Dr. Gatlinburg, TN 37738; lost home, contents, retaining walls.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
730,000.00			730,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	14. DATE OF SIGNATURE 8/21/18	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (it is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

USAA

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested persons, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. <i>Ann H Bush, Trustee</i> <i>880 Western Lake Drive</i> <i>Santa Rosa Beach, FL 32459</i>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS <i>Married</i>	6. DATE AND DAY OF ACCIDENT <i>11/23/2016      Wednesday</i>	
7. TIME (A.M. OR P.M.) <i>4:00 P.M.</i>					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). <i>see information above</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). <i>3 and 4 story Condominium units : about 77 different owners. One bedroom, 2 bedroom and 3 bedroom units. Cleanup after the fire left windowless hollow building - mostly concrete block. 855 Campbell Rd Sallensburg, Tennessee.</i>					
10. PERSONAL INJURY/WRONGFUL DEATH <i>needs complete tear down.</i>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. <i>not applicable</i>					
11. WITNESSES					
NAME <i>Andrew Jackson Bush and his wife Patti Gott Bush</i>		ADDRESS (Number, Street, City, State, and Zip Code) <i>1802 Windy Meadows Sevierville, TN 37876</i>			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <i>Totaled - lost after insurance \$150,000.00</i>		12b. PERSONAL INJURY <i>none</i>		12c. WRONGFUL DEATH <i>none</i>	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). <i>\$150,000.00</i>					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>Ann H. Bush, Trustee</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM <i>(850) 231-4819</i>		14. DATE OF SIGNATURE <i>20 Nov 2018</i>
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☒ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

**Liability Insurance Safe Co Insurance**

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

**Full coverage on contents**

**HOA Full coverage on Condo-Insurance paid about half of worth because of faulty appraisal**

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

**Paid face amount on contents. Satisfactory.**

**(Safe Co) The setting of the Highlands was worth more because of its view.**

**Auto Owners paid on Unit 204 \$153,300 about half its value-add loss of 1 come**

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

**Auto Owners (Mutual) Insurance Co Insured: The Highlands Condo Home owners**  
**6101 Anacapi Blvd, Lansing MI 48917-3999**

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Complete all items - Insert the word NONE where applicable.

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- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

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# 4071



752 CH  
01/17/89

Sellers' Closing Statement

Sellers: GARY A WILLETTS, ET UX  
8708 WITHERBEE COURT  
CLEMONS, NC 27102

Purchasers: ALLEN J BUSH, ET UX  
ANN H BUSH

P O BOX 167  
BLYTHEVILLE, AR 42316-0167

Property Location: UNIT 204, PHASE I  
HIGHLAND CONDOMINIUMS  
GATLINBURG, Tennessee 37738  
Sevier County, TN  
U-204

	Debits	Credits
Contract Sales Price		131000.00
Payoff of First Mortgage	77903.03	
City Taxes from 01/01/89 to 01/17/89	4.49	
County Taxes from 01/01/89 to 01/17/89	17.02	
1ST QUARTER CONDO FEES	78.20	
Commission Paid at Settlement	6550.00	
Settlement or Closing Fee to BROKERS TITLE, INC.	75.00	
Document Preparation to BRABSON, KITE & VANCE	35.00	
FEDERAL EXPRESS CHARGES to BROKERS TITLE, INC.	39.00	
Recording Fees - Release	6.00	
Cash Due to Seller	46292.26	
	131000.00	131000.00

GARY A WILLETTS, ET UX

In Jan 2/1989 we paid \$131,000.00 for Unit 204  
Highlands Condo. In the meantime all  
real estate has advanced in price.  
Ann H. Bush

Ann's copy

mailed 30 Jan 2018

State of Florida

County of Walton

### AFFIDAVIT FOR DISBURSEMENT RELIANCE

Comes the undersigned (the "Affiant"), after being duly sworn in accordance with applicable law, and understanding the facts stated in this Affidavit will be relied upon by the Highlands Condominium Homeowners Association, Inc. (the "Association") or other party making disbursement of insurance proceeds from destruction of the Highlands Condominiums during the November, 2016 "Gatlinburg Wildfire", and makes oath (as of the 29 day of January, 2018) to the following facts:

- 1) That the Affiant is over the age of 18, legally competent, and the matters stated herein are personally known to the Affiant.
- 2) That the Affiant either owns one or more Units at the Highlands Condominiums or is the direct or indirect owner of an interest in such Unit(s) through ownership of a company or interest in a Trust.
- 3) That the Units which the Affiant has an interest in, directly or indirectly, are as follows:

Unit 204

- 4) That legal title (i.e. legal ownership - the listed owner on the latest deed) of this Unit(s) is as follows: Ann H. Bush Revocable Trust

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) That the following banks, entities, individuals and/or other parties have mortgages or liens in regard to the Unit(s): (please indicate if Unit(s) are free and clear of all liens):

204 - free and clear of all liens

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6) That no other person, entity or party has any ownership interest in the above-identified Unit(s) except as listed above.
- 7) That no other person, entity or party has any lien, encumbrance or security interest, of any nature whatsoever, except as stated above.
- 8) That the undersigned (or the party identified above as the legal Unit titleholder) has full right, title and authority to sell or convey the above-identified Unit(s).

- 9) That the undersigned (or the party identified above as the legal Unit titleholder) is (together with any co-owners and lienholders listed above) solely entitled to the Unit's pro-rata proceeds from the insurance or other funds received by the Highland Condominium Homeowners Association, Inc. (the "Association").
- 10) That the Affiant covenants and warrants the above statements to be true, correct and complete (as of this date) and understands this Affidavit will be relied upon by the party making disbursement of insurance or other proceeds now held or later received by the Association on behalf of the Unit Owners.
- 11) That the Affiant agrees to indemnify and hold harmless the Association and any escrow or disbursement agent disbursing insurance funds from any liability, cost or expense, including reasonable attorney fees, arising as a result of any misstatements (as of this date) within this Affidavit.
- 12) Further the Affiant saith not.

Ann H. Bush, Trustee

\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

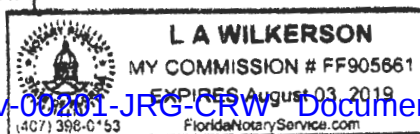
\_\_\_\_\_  
Notary Public, MCE \_\_\_\_\_

STATE OF Florida  
COUNTY OF Walton

Personally appeared before me, the undersigned Notary Public, Ann Bush, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

WITNESS my hand and seal, this 29<sup>th</sup> day of January, 2018.

L A Wilkerson





Payoff Authorization

Date: 29 Jan 2018  
Owner/Borrower: Ann H. Bush Revocable Trust  
Telephone Number: (850) 231-4819  
Email: ahbush@sbcglobal.net  
Highlands Condominium Unit Owned: A 204  
Lender/Lienholder Name: not applicable

In order to properly disburse insurance proceeds received by the Highlands Condominium Homeowners Association, Inc. as a result of destruction of the Highlands Condominiums during the November, 2016 "Gatlinburg Wildfire", the Undersigned Owner/Borrower does hereby authorize any Tennessee attorney or Title Company (or employees such Title Company or attorney) of to obtain written loan payoff quotes from any financial institution or individual holding a Mortgage, Deed of Trust or other lien or encumbrance against the Highlands Condominium Unit identified above.

Owner/Borrower signatures:

Ann H. Bush, Trustee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned Notary Public, \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

WITNESS my hand and seal, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned Notary Public, \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) who further acknowledged himself/herself to be the \_\_\_\_\_ of \_\_\_\_\_, the within bargainer, and who acknowledged that he/she/they executed the within instrument for the purposes therein contained by signing the bargainer's name by himself/herself/themselves as \_\_\_\_\_.

WITNESS my hand and seal, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

# TENNESSEE LAND TITLE

1620 Newport Highway  
Sevierville, Tennessee 37876  
Telephone: (865) 453-1478  
Fax: (865) 428-7958

March 20, 2018

Re: Highland Condominiums

Please find attached your initial disbursement Statement for your review regarding your unit in Highland Condominiums. This will be the first disbursement from insurance. Please sign the Statement and e-mail (or mail) to me, along with the attached Proceeds Confirmation directing Tennessee Land Title on how you would like to receive your proceeds.

Sincerely,

Lisa Ray  
Closing Agent

/lar  
Enclosures

**Tennessee Land Title**  
**ALTA Universal ID 1152283**  
**1620 Newport Highway**  
**Sevierville, TN 37876**

**File No./Escrow No.:** 20180307  
**Print Date & Time:** March 16, 2018 at 09:24 AM  
**Officer/Escrow Officer:** Devin J. Koester  
**Settlement Location:** 1620 Newport Highway  
 Sevierville, TN 37876

**Property Address:** Unit 204 Highlands Condominiums  
 Gatlinburg, TN 37738

**Buyer:** Highlands Condos  
**Seller:** Ann H. Bush, Trustee  
**Lender:**  
**Settlement Date:** March 28, 2018  
**Disbursement Date:** March 28, 2018

Seller		Description	Buyer	
Debit	Credit		Debit	Credit
Financial				
	\$ 153,300.00	Sale Price of Property 7	\$ 153,300.00	
Prorations/Adjustments				
Loan Charges to				
Other Loan Charges				
Impounds				
Title Charges & Escrow / Settlement Charges				
\$ 200.00		Title-Title Exam	to Tennessee Land Title	
\$ 100.00		Title-Settlement Fee	to Tennessee Land Title	
\$ 15.00		Title - Wire Fee	to Tennessee Land Title	
\$ 35.00		Title - Courier Fee	to Tennessee Land Title	
Government Recording and Transfer Charges				
Payoffs				



## ALTA Settlement Statement Cash - Contin

Seller		Buyer	
Debit	Credit	Debit	Credit
<b>Miscellaneous</b>			
\$ 350.00	\$ 153,300.00		
		<b>Subtotals</b>	\$ 153,300.00
\$ 152,950.00		<b>Balance Due FROM</b>	\$ 153,300
\$ 153,300.00	\$ 153,300.00	<b>Balance Due TO</b>	
		<b>TOTALS</b>	\$ 153,300.00

**Acknowledgement**

We/I have carefully reviewed the ALTA Settlement Statement and find it to be a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction and further certify that I have received a copy of the ALTA Settlement Statement. We/I authorize Tennessee Land Title to cause the funds to be disbursed in accordance with this statement.

D. H. Bush  
Highlands Condos

Ann H. Bush Revocable Trust

Ann H. Bush, Trustee  
Ann H. Bush, Trustee

Devin J. Koester, Escrow Officer

As of this date 30 Nov 2018 the HOA Board has no entity to buy the real estate and the rest of the insurance money may have to be used to take the 4 phases of the Highlands to the ground at a cost of \$500,000.00 which was the cost of hauling off the first massive trash. This is a resort area with building going on all the time. The property is very desirable because of the view and easy accessibility by bypass of Gatlinburg which lies below. I would not have sold my unit for less than \$300,000.00.

Ann H. Bush

LAW OFFICES

# Gilreath & Associates, PLLC

BANK OF AMERICA CENTER  
550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
www.sidgilreath.com

SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

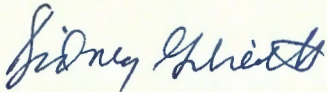
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

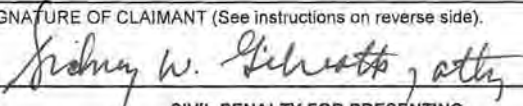


Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
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Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence, owned for 14 years with updated interior, plus furnishings and total contents located at 407 Pebble Creek, Gatlinburg, TN 37738.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
380,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  380,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/21/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Berkley

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

BANK OF AMERICA CENTER  
550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
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R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

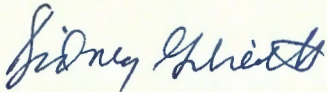
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



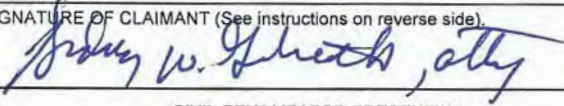
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jamila M. Byrd, next of Kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave Knoxville, TN 37917		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto the Traveler's Motel at 945 E. Parkway, Gatlinburg, TN. causing the death of Pamela Jean Johnson.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Fire spread to Traveler's Motel, 945 E. Parkway, Gatlinburg, TN causing the death of Pamela Jean Johnson, age 59.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Erik Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				2,700,000	
				2,700,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 9/14/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

### INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Malinda A. Cain Christopher E. Cain P.O. Box 1796 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<div style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">NOV 21 2017</div>					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  [REDACTED]					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence and total contents; Garage; 1 BR apartment; 2 BR apartment and garage; 2 AC units; well house & pump; 2 4 ton heat pumps; Car- 2005 Toyota Tacoma located at: 278 Beech Branch Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  [REDACTED]					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
665,000.00		[REDACTED]		12d. TOTAL (Failure to specify may cause forfeiture of your rights). 665,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Gilreath, atty</i>				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE  10-23-17				[REDACTED]	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

# INSURANCE COVERAGE

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage Insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Travelers

## INSTRUCTIONS

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

BANK OF AMERICA CENTER  
550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

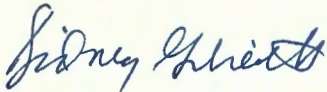
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



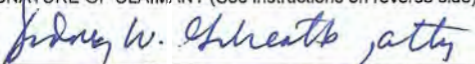
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Private residence plus furnishings and total contents located at: 129 Village East Drive, G-104 Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
175,000.00			175,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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Coverage is inadequate

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19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Statefarm

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DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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550 MAIN AVENUE, SUITE 600

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615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

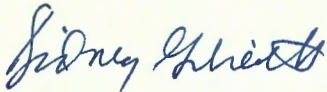
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

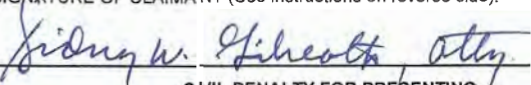
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	7. TIME (A.M. OR P.M.)  4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Personal Property located at 406 Greystone Heights Rd., Gatlinburg, TN 37738; clothing, record collection, fine art supplies, paintings.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413  Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  100,000.00	12b. PERSONAL INJURY		12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  100,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

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- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Mary Lisa Tant Campbell Joann K. Tant 406 Greystone Heights Road Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> <div style="background-color: black; width: 100px; height: 20px;"></div>		<b>5. MARITAL STATUS</b> Single	
<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday		<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.			
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimant: Private residence plus furnishings located at: 406 Greystone Heights Road, Gatlinburg, TN 37738 Car: 2006 Toyota Scion XB car					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$1,800,000.00		<b>12b. PERSONAL INJURY</b>		<b>12c. WRONGFUL DEATH</b>	
				<b>12d. TOTAL</b> (Failure to specify may cause forfeiture of your rights).  \$1,800,000.00	
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  <i>Sidney W. Gilbreath, atty</i>			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  (865) 637-2442		<b>14. DATE OF SIGNATURE</b>  8/22/17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (If it is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farm Bureau  
Policy No.: 5602318

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

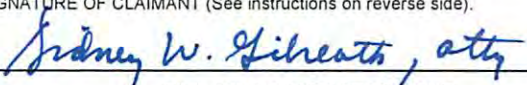
- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Randall L. Campbell Jennifer E. Campbell 623 Adams Road Walland, TN 37886		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH  5. MARITAL STATUS Married		6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 309 Savage Garden Road, Gatlinburg, TN 37738; cats; vehicle					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
500,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 500,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-23-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

## Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Erie

# INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

# PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Patricia A. Cannon 825 Wesley Drive Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rental residence located at: 723 Bear Walk Way Gatlinburg, TN					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
80,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 80,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Zieheath, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-23-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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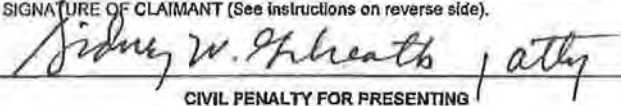
A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Arnold L. Carr 1709 Lloyd Proffitt Way Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and all contents located at: 539 Baskins Creek Road, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM (in dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$400,000.00	<b>12b. PERSONAL INJURY</b>	<b>12c. WRONGFUL DEATH</b>	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights),</b>  \$400,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side). 			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442	<b>14. DATE OF SIGNATURE</b> 8/22/17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

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15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farm Bureau

## INSTRUCTIONS

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

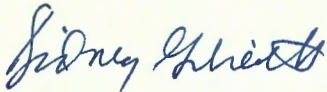
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

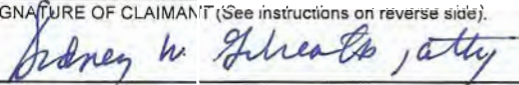
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Myrl D. Carr Administrator of estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Myrl D. Carr is Administrator for the estate of Myrl J. Carr; Claimant: Private residence plus furnishings and total contents located at: 535 Baskins Creek Road, Gatlinburg, TN 37738;					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
350,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  350,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

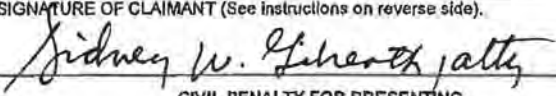
This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse), Number, Street, City, State and Zip code.  Myrl J. Carr 535 Baskins Creek Road Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11-23-2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  [REDACTED]					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). Claimant: Private residence plus furnishings and contents located at: 535 Baskins Creek Road, Gatlinburg, TN 37738 Car: 2015 Ford Escape; 4-wheeler; 45 guns; camper; 3 - trailers and a generator					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  [REDACTED]					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE  \$350,000.00		12b. PERSONAL INJURY  [REDACTED]		12c. WRONGFUL DEATH  [REDACTED]	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).  \$350,000.00					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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28 CFR 14.2

95-109



# INSURANCE COVERAGE

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

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The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT, THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 601 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

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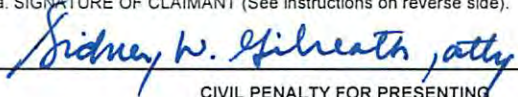
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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Brittany Castle Jordan Wilson 120 W. Paine Street #27 Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence; total contents located at: 376 East Parkway, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">NOV 21 2017</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">AIP</div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  4,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  4,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-23-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



**CLAIM FOR DAMAGE,  
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED  
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

United States Government  
Department of the Interior  
1849 C. Street, N.W.  
Washington, DC 202402. Name, address of claimant, and claimant's personal representative if any.  
(See instructions on reverse). Number, Street, City, State and Zip code.Kelly & Frances Castle  
194 Pine Ridge Rd  
Louisia ky 41230

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

M

6. DATE AND DAY OF ACCIDENT

11/23/2016

Wednesday

7. TIME (A.M. OR P.M.)

4:00 P.M.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.  
(See instructions on reverse side).

The Highlands Condominium unit #108 located at 855 Campbell Lead Road, Gatlinburg, Tn. Completely destroyed by fire.

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Complete loss of property

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

**AMOUNT OF CLAIM (in dollars)**

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

TOTAL DESTRUCTION OF  
CONDO  
Total destruction of properNONE  
NoneNONE  
None210,000 PAID FOR CONDO IN 2001  
210,000 PAID FOR CONDO IN 2001

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

Kelly Castle Frances Castle

CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM

13b. PHONE NUMBER OF PERSON SIGNING FORM

606-367-7787 or 606-673-3519

14. DATE OF SIGNATURE

11/20/2018

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

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17. If deductible, state amount.

HOA IS Suing INSURANCE COMPANY FOR UNDER INSURING  
THE PROPERTY

?

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

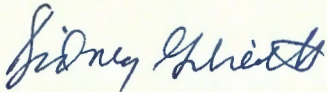
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
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OFFICE OF THE

026043



Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

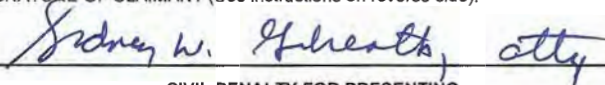


Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
[REDACTED], Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
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7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence located at 1705 West Ski View Dr. Sevierville, TN; Fire damage to well; Smoke damage to residence; total contents lost					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  20,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  20,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/3/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

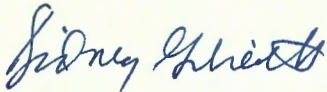
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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OFFICE OF THE

026043



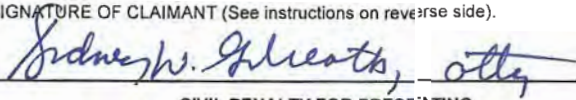
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented residence; total contents lost; located at: 611 Davenport Rd., Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  150,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  150,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/3/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
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- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
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- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

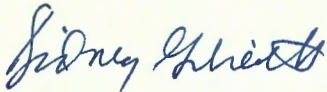
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
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Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

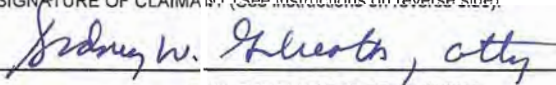
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting and Caretaker of residence; total contents; tools of trade; vehicle; located at 345 Greystone Heights Road Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  30,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  30,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/3/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

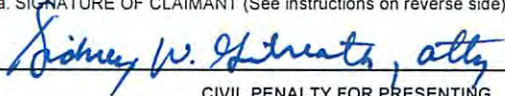
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Roma L. Chavot Jacob Rosenzweig 2126 Sanders Lane Sevierville, TN 37876		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  [REDACTED]					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private 3 story residence plus furnishings and total contents located at: 625 Wiley Oakley Drive Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="text-align: right; font-size: 1.2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: right; color: red;">NOV 21 2017</div> <div style="text-align: right; color: blue; font-weight: bold;">AIP</div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
625,000.00		[REDACTED]		12d. TOTAL (Failure to specify may cause forfeiture of your rights). 625,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  10-23-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farm Bureau

## INSTRUCTIONS

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Complete all items - Insert the word NONE where applicable.

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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550 MAIN AVENUE, SUITE 600

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FACSIMILE 865/971-4116  
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SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

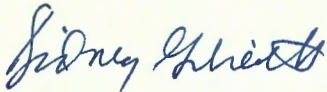
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
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Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

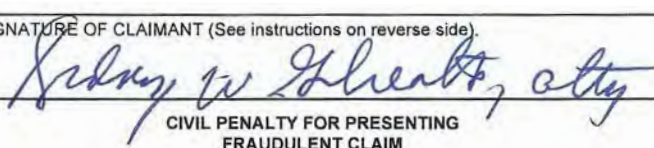
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  David R. Cheatham 611 Anderson Drive Clarksville, TN 37040		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Owner Home located at 810 Village Place, Gatlinburg, TN 37738; total house and contents lost.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  525,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  525,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/5/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

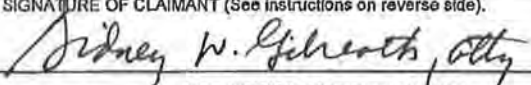
A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Bock H. Ching P.O. Box 911 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11-23-2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). Claimant: Private residence (condominium), plus furnishings and total contents located at 437 Baskins Creek Road, Gatlinburg, TN 37738 Many valuable collectibles - baseball card collections, coin collections, football collections, stereos.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  \$250,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  \$250,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  8/22/17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number, ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

Auto Owners - (contents only)

## INSTRUCTIONS

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

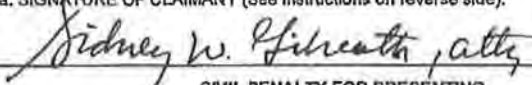
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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Kimberly D. Clark 1074 Hele Street Kailua, Hawaii 96734		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	
<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.					
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). Claimant: Private residence plus furnishings located at: 950 Daisy Lane, Gatlinburg, TN 37738 Rental house plus total furnishings located at: 916 West Cedar Lane Gatlinburg, TN 37738 Detached garage apartment (rental property) located at: 950 Daisy Lane, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
<b>12. (See instructions on reverse).</b> AMOUNT OF CLAIM (in dollars)					
<b>12a. PROPERTY DAMAGE</b>  \$1,250,000.00		<b>12b. PERSONAL INJURY</b>		<b>12c. WRONGFUL DEATH</b>	
				<b>12d. TOTAL</b> (Failure to specify may cause forfeiture of your rights). \$1,250,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side). 			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage Insurance? ☒ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Auto Owners

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

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615/256-3368

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ONE MEMPHIS PLACE  
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MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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OFFICE OF THE

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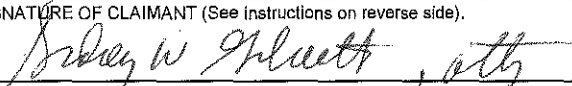


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Smoke damage to private residence located at: 825 Smoke Rise Dr. Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  10,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  10,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 5/3/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage Insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
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LAW OFFICES

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615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
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MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

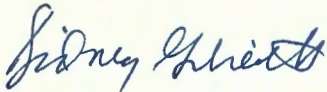
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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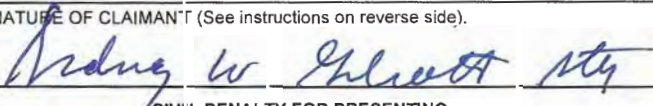
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Private residence plus furnishings and total contents located at 407 Smokey View Road, Gatlinburg, TN					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
1,100,000				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,100,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  9/5/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

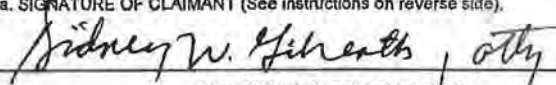
- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  William C. Cole Colleen J. Cole 305 Scenic Shores Way Dandridge, TN 37725		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>		5. MARITAL STATUS Married	
6. DATE AND DAY OF ACCIDENT 11-23-2016      Wednesday		7. TIME (A.M. OR P.M.) 4:00 P.M.			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="height: 40px;"></div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimants: Private residence plus furnishings and total contents located at: 604 Pine Crest Drive, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="height: 80px;"></div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE  \$375,000.00		12b. PERSONAL INJURY  <div style="height: 40px;"></div>		12c. WRONGFUL DEATH  <div style="height: 40px;"></div>	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  \$375,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/22/17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3720).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

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15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

BOA Insurance

## INSTRUCTIONS

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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P.O. BOX 1270  
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R. CHRISTOPHER GILREATH  
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SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

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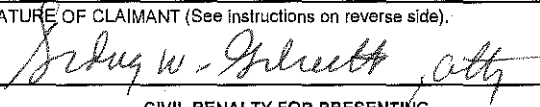


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Nelida F. Collantes Stephen C Bradley P.O. Box 866 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence and total contents located at: 667 Woodland Drive Gatlinburg, TN; Rental property and total contents located at: 661 Woodland Drive; 1 vehicle; Jewelry and Coins					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413  Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  1,500,000		12b. PERSONAL INJURY		12c. WRONGFUL DEATH  1,500,000	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 5/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

USAA

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (5/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Lynn M. Collins P.O. Box 982 Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented an apartment - lost entire contents and furnishings located at: 474 Baskins Creek Road, Apt. # 16, Gatlinburg, TN 37738. Also lost art work of brother and many antiques.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$500,000.00	<b>12b. PERSONAL INJURY</b>	<b>12c. WRONGFUL DEATH</b>	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$500,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  <i>Sidney W. Fitchett, atty</i>		<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  (865) 637-2442		<b>14. DATE OF SIGNATURE</b>  8/22/17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  <b>RONALD L. CONLEY, TRUSTEE</b> <b>833 BENNETT PLACE</b> <b>KNOXVILLE, TENNESSEE</b>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF [REDACTED]	5. MARITAL STATUS <b>MARRIED</b>	6. DATE AND DAY OF ACCIDENT <b>11/23/2016</b> <b>Wednesday</b>	
7. TIME (A.M. OR P.M.) <b>4:00 P.M.</b>					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). <b>RONALD L. CONLEY TRUSTEE</b> <b>833 Bennett Place</b> <b>KNOXVILLE, TENN 37909</b>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). <b>complete destruction of condominium and contents of unit 103</b> <b>Highlands Condominiums as well as proportionate share of common property</b> <b>which HOA valued at \$24,000,000, property located {855 Campbell Lead Road}</b> <b>{GATLIN PARK, TN.}</b>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <b>H/A</b>					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
<b>TIM DANIEL</b> <b>TERA DANIEL</b> <b>CAROL DANIEL</b>		<b>4387 School Section Road</b> <b>CINCINNATI, OHIO</b> <b>45211</b>			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <b>\$403,900</b>		12b. PERSONAL INJURY <b>—</b>		12c. WRONGFUL DEATH <b>—</b>	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). <b>\$403,900</b>					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <b>Ronald Conley</b>			13b. PHONE NUMBER OF PERSON SIGNING FORM <b>865-696-7786</b>		14. DATE OF SIGNATURE <b>11/20/18</b>
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM <b>27 NOV 2018</b>			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS <b>010920</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

HDA FILED CLAIM FOR COMMON PROPERTY - IN LITIGATION

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

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DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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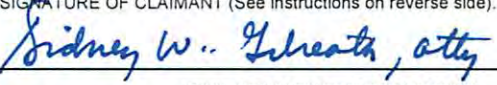
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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Sheila J. Conner 204 Palmer Road Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 504 Cherry Street, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
300,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 300,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-23-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Allstate

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

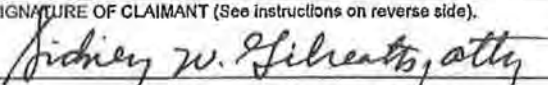
- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
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- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Laurie A. Contois P.O. Box 1370 Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  [REDACTED]					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 374 Loop Road, Gatlinburg, TN 37738 House (4-levels), entire contents.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  [REDACTED]					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$1,000,000.00	<b>12b. PERSONAL INJURY</b>  [REDACTED]	<b>12c. WRONGFUL DEATH</b>  [REDACTED]	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$1,000,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  		<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  (865) 637-2442		<b>14. DATE OF SIGNATURE</b>  8/22/17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the Insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of Insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (If it is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

AllState Insurance

## INSTRUCTIONS

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Complete all items - Insert the word NONE where applicable.

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STANDARD FORM 95 REV. (2/2007) BACK

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R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

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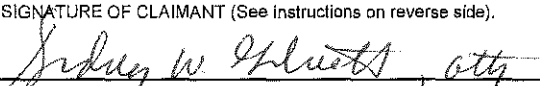
024138

Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591



Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence located at 326 Raccoon Ridge Rd. Gatlinburg, TN (Jackson Mountain Rentals); Total personal possessions lost including the death of their dog.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
15,833.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  15,833.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  5/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

### INSTRUCTIONS

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**Complete all items - Insert the word NONE where applicable.**

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
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NASHVILLE, TENNESSEE 37201  
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MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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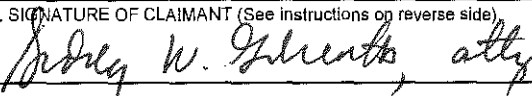
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Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
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Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  All Personal Clothing, Jewelry, Antiques & Computers. All Located at 518 Greystone Heights, Gatlinburg, TN.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
35,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  35,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 5/25/18					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
 C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
 D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Lonas R. Cordell Angela K. Cordell P.O. Box 5301 Sevierville, TN 37864		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting apartment; total contents for 2 adults and 1 child; 1995 Ford Escort located at: 1661 Mitchell Drive Sevierville, TN 37876					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="text-align: right; font-size: 1.2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: right; color: red;">NOV 21 2017</div> <div style="text-align: right; color: blue; font-weight: bold;">AIP</div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  20,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  20,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Gibrato, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE <i>10-23-17</i>
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

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Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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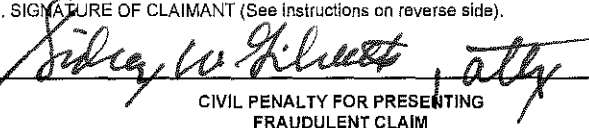
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Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renter and total contents, tools, artwork all origins, builder lost all his tools located at: 819 Crestview Dr, Gatlinburg, TN					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  350,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  350,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/21/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested persons, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and contains the information requested in the letter to which this Notice is attached.

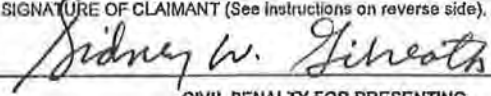
- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Curtis A. Cupp Flavia G. Cupp 9278 Perth Road Lake Worth, FL 33467		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		<b>4. DATE OF BIRTH</b> <div style="background-color: black; width: 100px; height: 20px;"></div>	<b>5. MARITAL STATUS</b> Married	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016      Wednesday	
<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.					
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 1331 Longview Court, Gatlinburg, TN 37738; House, entire contents.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS (Number, Street, City, State, and Zip Code)</b>			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM (in dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$850,000.00		<b>12b. PERSONAL INJURY</b>  		<b>12c. WRONGFUL DEATH</b>  	
				<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$850,000.00	
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442		<b>14. DATE OF SIGNATURE</b> 8/22/17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

95-109

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farmers Insurance

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK







# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Foremost/Shelter

## INSTRUCTIONS

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Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

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B. *Principal Purpose:* The information requested is to be used in evaluating claims.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Michael A. Cushman 913 Yarbrough Lane Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 913 Yarbrough Lane, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE  \$800,000.00	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).  \$800,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Gilreath, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442	14. DATE OF SIGNATURE  8/22/17	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

StateFarm

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.  
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Daniel J. Dailey P.O. Box 942 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9.    PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents; vehicle; located at: 915 Daisy Lane, Gatlinburg, TN 37738					
10.    PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11.    WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse).    AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
500,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 500,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Gileates, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE <i>10-23-17</i>
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

TN Farm Bureau

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

Mary Ann Damron  
1044 Keeneland Ct.  
Frankfort, KY 40601  
(502) 330-1981  
(502) 352-4193

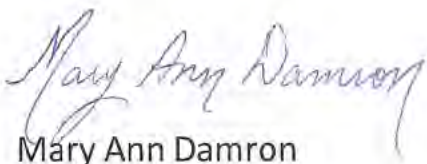
November 20, 2018

To Whom It May Concern:

Please find enclosed Form 95 regarding the November 23, 2016 wildfire affecting Gatlinburg, Tennessee and the surrounding area. My condominium at Highlands Condominiums, 855 Campbell Lead, Unit 405, Gatlinburg, Tennessee was completely destroyed due to this wildfire. I have tried to provide all the relevant information on Form 95. If you have any questions or need additional information, please let me know.

Any assistance you can provide will be sincerely appreciated.

Best regards,

  
Mary Ann Damron

026039

RECEIVED  
2018 NOV 27 04:19  
EMail - E-Service Unit



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  <i>Mary Ann Damron 1044 Keeneland Ct. Frankfort, Ky 40601</i>		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS <i>Divorced</i>	6. DATE AND DAY OF ACCIDENT <i>11/23/2016      Wednesday</i>	
7. TIME (A.M. OR P.M.) <i>4:00 P.M.</i>					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <i>None</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). <i>One complete furnished condominium, totally destroyed. Located at Highlands Condominiums, 855 Campbell Road, Unit 405, Gatlinburg, TN 37738</i>					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <i>None</i>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
<i>Ron Conley Brenda Parker</i>		<i>833 Bennett Place, Knoxville, TN 37909 127 Tuscan Lane, Frankfort, KY 40601</i>			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE <i>\$201,648.83 Paid on my share of HOA \$24,000.00 est</i>		12b. PERSONAL INJURY <i>None</i>		12c. WRONGFUL DEATH <i>None</i>	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). <i>Highlands #405 \$201,648.83 - Dwell/ing Contents</i>					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Mary Ann Damron</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM <div style="background-color: black; width: 100px; height: 20px;"></div>		14. DATE OF SIGNATURE <i>11/20/2018</i>
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Travelers Personal Security Insurance Company  
PO Box 2949  
Hartford, CT 06104 Policy # 0XJ5 98994632422636

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

Insurer paid policy limits of \$25,899.19 for dwelling and \$15,569.74 for contents.

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Sturm Insurance  
Capital Avenue  
Frankfort, KY 40601

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Complete all items - Insert the word NONE where applicable.

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STANDARD FORM 95 REV. (2/2007) BACK

Customer: MARY DAMRON  
 Property: 855 CAMPBELL LEAD RD # 405  
 GATLINBURG, TN 37738  
 Home: 1044 KEENELAND CT  
 FRANKFORT, KY 40601

Home: (502) [REDACTED]  
 Business: (502) [REDACTED]

Claim Rep.: Garrick Neace  
 Company: TRAVELERS PERSONAL SECURITY INSURANCE COMPANY  
 Business: PO Box 2949  
 Hartford, CT 06104

Business: (630) 797-6609  
 E-mail: gneace@travelers.com

**Claim Number:** HZN7173001H  
**Date of Loss:** 11/29/2016

**Policy Number:** 0XJ598994632422636 1  
**Date Completed:** 12/10/2016 6:55 PM

**Type of Loss:** Brush Fire  
**Price List:** TNKN8X\_DEC16

Coverage	Deductible	Policy Limit
Dwelling	\$500.00	\$25,899.18
Contents	\$0.00	\$15,450.00

**Dear MARY DAMRON:**

We have prepared an estimate of damages which will serve as the basis for our determination of benefits. Therefore, you and/or your contractor should review this estimate carefully and let us know immediately if you have any questions prior to beginning any work. A letter with an explanation of benefits and coverage will be provided to you separately.

Thank you for allowing us to be of service, and thank you for choosing TRAVELERS PERSONAL SECURITY INSURANCE COMPANY for your insurance needs. If you have any questions regarding this estimate or any aspect of your claim, please contact the National Claim Center at 877-872-8228 or [nccenter@travelers.com](mailto:nccenter@travelers.com).

*For more information about how the claim process works and where to find services to help you recover, visit [travelers.com/claim](http://travelers.com/claim).*



EA – Each	CY – Cubic Yard
LF – Linear Foot	SQ – Square
SF – Square Foot	HR – Hour
SY – Square Yard	DA – Day
CF – Cubic Foot	RM – Room

# Guide to Understanding Your Property Estimate

## Your Estimate Cover Sheet

The cover sheet of your estimate includes important information such as:

- (A) Your Travelers claim professional's contact information
- (B) Your claim number
- (C) The types of coverage under your policy, including the applicable deductibles and policy limits.
- (D) Your estimate may include policy sublimits for specific items, such as money. Each sublimit has a unique ID tag. That ID tag will appear next to any line item subject to the sublimit.

Claim Professional: John Doe Business: One Tower Square Hartford, CT 06183		Business: (860) 555-9876 E-mail: jdoe@travelers.com	
Claim Number: ABC1234001H	Policy Number: 123456789-633-1	Type of Loss: Fire	
Date of Loss: 10/10/2011 3:00 PM	Date Completed: 10/11/2011 11:50 AM	Price List: CTHA7X_OCT1	
<b>Coverage</b>	<b>Deductible</b>	<b>Policy Limit</b>	
Dwelling	\$500.00	\$300,000.00	
Other Structures	\$0.00	\$30,000.00	
Contents	\$0.00	\$210,000.00	
*Money, Gift Cards, etc. [S 3:1]			\$200.00/\$200.00

## Your Estimate Detail

This is where the details about your lost or damaged property can be found.

- (E) Description – Details describing the activity or items being estimated.
- (F) Quantity – The number of units (for example, square feet) for an item.
- (G) Unit Cost – The cost of a single unit.
- (H) Replacement Cost Value (RCV) – The estimated cost of repairing a damaged item or replacing an item with a similar one. RCV is calculated by multiplying Quantity x Unit Cost.
- (I) Depreciation – Loss of value that has occurred over time due to factors such as age, wear and tear, and obsolescence. If depreciation is recoverable, the amount is shown in ( ). If depreciation is not recoverable, the amount is shown in < >.
- (J) Actual Cash Value (ACV) – The estimated value of the item or damage at the time of the loss. Generally, ACV is calculated as Replacement Cost Value (RCV) minus Depreciation.
- (K) Labor Minimums – The cost of labor associated with drive time, setup time and applicable administrative tasks required to perform a minor repair.

Living Room				LaWNH 18' x 14' x 8'		
<b>E</b>	512.00 SF Walls			252.00 SF Ceiling		
	764.00 SF Walls & Ceiling			252.00 SF Floor		
	28.00 SY Flooring			64.00 LF Floor Perimeter		
	144.00 SF Wall			10.00 SF Sh		
	64.00 LF					
DESCRIPTION				QTY	UNIT PRICE	TAX
<b>DWELLING</b>						
1. 1/2" drywall - hung, taped, floated, ready for paint				32.00	SF	1.55
2. Paint the walls - two coats				512.00	SF	0.63
3. R&R Carpet				252.00	SF	3.01
<b>CONTENTS</b>						
4. Cash, currency, money, bank notes, bullion, and coins [S 3:1]				1.00	EA	200.00
5. TV - LCD / LED-LCD 35-39 in.				1.00	EA	500.00
<b>Dwelling Totals:</b>						39.54
<b>Contents Totals:</b>						30.00
<b>Totals: Living Room</b>						69.54
<b>Labor Minimums</b>						
DESCRIPTION				QTY	UNIT PRICE	TAX
<b>DWELLING</b>						
6. Drywall repair				1.00	EA	297.88
<b>Dwelling Totals:</b>						0.00
<b>Totals: Labor Minimums</b>						0.00

## Your Estimate Summary

For each type of coverage involved in your estimate there is a summary section that shows the total estimated costs (RCV and ACV) and net claim amount for the coverage type. The example to the right depicts a Dwelling coverage summary.

- (L) Line Item Total – The sum of all the line items for that particular coverage.
- (M) Total Replacement Cost Value – The total RCV of all items for that coverage.
- (N) Total Actual Cash Value – The total ACV of all items for that coverage.
- (O) Deductible – The amount of the loss paid by you. A deductible is generally a specified dollar amount or a percentage of your policy limit.
- (P) Net Claim – The amount payable to you after depreciation and deductible have been applied. This amount can never be greater than your coverage limit.
- (Q) Total Recoverable Depreciation – The total amount of depreciation you can potentially recover.

Summary for Dwelling	
Line Item Total	1,428.56
Material Sales Tax	39.54
<b>Replacement Cost Value</b>	<b>\$1,468.10</b>
Less Depreciation	(193.71)
<b>Actual Cash Value</b>	<b>\$1,274.39</b>
Less Deductible	(500.00)
<b>Net Claim</b>	<b>\$774.39</b>
Total Depreciation	193.71
Less Non-Recoverable Depreciation	<148.33>
Total Recoverable Depreciation	45.38
<b>Net Claim if Depreciation is Recovered</b>	<b>\$819.77</b>

We encourage you to contact us if you have additional questions regarding your claim or anything in this guide.

For information about how the claim process works and where to find services to help you recover, visit [travelers.com/claim](http://travelers.com/claim).



MARY DAMRON

Main Level



Living Room

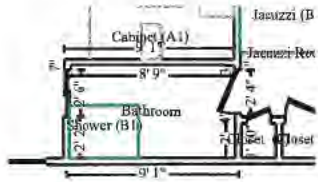
Height: 8'

249.31 SF Walls	188.91 SF Ceiling
438.22 SF Walls & Ceiling	183.15 SF Floor
20.35 SY Flooring	28.70 LF Floor Perimeter
45.02 LF Ceil. Perimeter	

Door	7' 10" X 6' 8"	Opens into Exterior
Window	3' X 4'	Opens into Exterior
Door	2' 6" X 6' 8"	Opens into BATHROOM
Missing Wall	6' 2 1/2" X 8'	Opens into KITCHEN
Missing Wall	3' 7 1/2" X 8'	Opens into HALLWAY

DESCRIPTION	QTY	UNIT	PRICE	TAX	O&P	RCV	DEPREC.	ACV
DWELLING								
1. Acoustic ceiling (popcorn) texture	188.91	SF	0.51	0.92	19.44	116.70	(0.00)	116.70
2. Seal & paint acoustic ceiling (popcorn) texture	188.91	SF	0.84	4.97	32.74	196.39	(0.00)	196.39
3. Seal/prime then paint the walls twice (3 coats)	249.31	SF	0.87	5.83	44.54	267.27	(0.00)	267.27
4. R&R Carpet pad	183.15	SF	0.60	8.04	23.58	141.51	(0.00)	141.51
5. Remove Carpet	183.15	SF	0.19	0.00	6.96	41.76	(0.00)	41.76
6. R&R Baseboard - 4 1/4"	28.70	LF	3.32	5.09	20.08	120.45	(0.00)	120.45
7. Seal & paint baseboard - three coats	28.70	LF	1.37	0.39	7.94	47.65	(0.00)	47.65
8. R&R Hanging light fixture	2.00	EA	70.56	6.34	29.48	176.94	(0.00)	176.94
9. R&R Door blind - fabric/woven - 42.1 to 56 SF - High grade	1.00	EA	418.57	35.69	90.84	545.10	(0.00)	545.10
10. R&R Window blind - PVC - 1" - 14.1 to 20 SF	1.00	EA	65.58	2.62	13.64	81.84	(0.00)	81.84
11. Carpet	198.83	SF	2.60	40.90	111.58	669.44	(0.00)	669.44
12. R&R Carpet - metal transition strip	3.50	LF	3.21	0.50	2.34	14.08	(0.00)	14.08
Dwelling Totals:				111.29	403.16	2,419.13		2,419.13
Totals: Living Room				111.29	403.16	2,419.13	0.00	2,419.13



**Bathroom****Height: 7'**

115.70 SF Walls	43.02 SF Ceiling
158.72 SF Walls & Ceiling	32.94 SF Floor
3.66 SY Flooring	16.42 LF Floor Perimeter
20.92 LF Ceil. Perimeter	

Door	2' 4" X 6' 8"	Opens into JACUZZI_ROOM					
Door	2' 6" X 6' 8"	Opens into LIVING_ROOM					
DESCRIPTION	QTY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
<b>DWELLING</b>							
13. Seal/prime then paint the walls and ceiling twice (3 coats)	158.72 SF	0.87	3.71	28.36	170.16	(0.00)	170.16
14. R&R Baseboard - 4 1/4" w/shoe	16.42 LF	4.61	3.55	15.88	95.13	(0.00)	95.13
15. Seal & paint baseboard w/cap &/or shoe - three coats	16.42 LF	1.59	0.45	5.32	31.88	(0.00)	31.88
16. Interior sliding door (barn style) - material only	1.00 EA	562.41	0.00	112.48	674.89	(0.00)	674.89
<a href="http://www.homedepot.com/p/32-in-x-80-in-Primed-Craftsman-Smooth-Surface-Solid-Core-Door-with-Barn-Door-Hardware-Kit/206732520?gclid=CIP10t7U6tACFYERgQod9sYNfA&amp;gclidsrc=aw.ds">http://www.homedepot.com/p/32-in-x-80-in-Primed-Craftsman-Smooth-Surface-Solid-Core-Door-with-Barn-Door-Hardware-Kit/206732520?gclid=CIP10t7U6tACFYERgQod9sYNfA&amp;gclidsrc=aw.ds</a>							
17. Door Installer/Finish Carpenter - per hour	2.00 HR	47.53	0.00	19.02	114.08	(0.00)	114.08
Labor to install sliding barn style door and hardware.							
18. Seal & paint door slab only (per side)	2.00 EA	25.28	1.35	10.40	62.31	(0.00)	62.31
19. Door knob - interior - High grade	1.00 EA	48.88	3.36	10.46	62.70	(0.00)	62.70
20. R&R Vanity - Deluxe grade	2.00 LF	332.74	59.42	144.96	869.86	(0.00)	869.86
21. R&R Countertop - Granite or Marble - High grade	2.00 SF	64.31	7.80	27.28	163.70	(0.00)	163.70
22. R&R Backsplash - solid surface - Unattached	2.00 LF	13.02	1.95	5.60	33.59	(0.00)	33.59
23. Add on for undermount sink cutout & polish - single basin	1.00 EA	94.81	0.00	18.96	113.77	(0.00)	113.77
24. Sink - single	1.00 EA	210.70	13.26	44.80	268.76	(0.00)	268.76
25. R&R P-trap assembly - ABS (plastic)	1.00 EA	48.44	0.59	9.82	58.85	(0.00)	58.85
26. R&R Sink faucet - Bathroom - High grade	1.00 EA	240.34	16.96	51.48	308.78	(0.00)	308.78
27. R&R Toilet	1.00 EA	380.51	21.48	80.40	482.39	(0.00)	482.39
28. Toilet seat	1.00 EA	48.01	3.07	10.22	61.30	(0.00)	61.30
29. Wall mirror	1.00 EA	169.00	16.48	0.00	185.48	(0.00)	185.48
30. R&R Light bar - 3 lights - High grade	1.00 EA	147.53	10.19	31.54	189.26	(0.00)	189.26
31. R&R Towel bar - High grade	3.00 EA	36.32	6.59	23.12	138.67	(0.00)	138.67
32. R&R Toilet paper holder - High grade	1.00 EA	32.86	1.94	6.96	41.76	(0.00)	41.76
33. R&R Tile floor covering - High grade	32.94 SF	11.02	17.76	76.16	456.92	(0.00)	456.92
34. R&R 1/4" Cement board	32.94 SF	4.01	4.27	27.28	163.64	(0.00)	163.64
35. R&R Custom shower door & partition - 1/2" glass - frameless	25.67 SF	45.84	87.60	252.86	1,517.17	(0.00)	1,517.17
36. R&R Tile concrete shower curb - per LF	3.67 LF	82.62	6.12	61.86	371.20	(0.00)	371.20

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CONTINUED - Bathroom

DESCRIPTION	QTY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
37. R&R Tile shower - 65 to 100 SF - High grade	1.00 EA	1,682.61	72.59	351.06	2,106.26	(0.00)	2,106.26
38. Additional charge to tile a wall niche	1.00 EA	133.68	2.72	27.28	163.68	(0.00)	163.68
39. Shower pan	1.00 EA	124.20	4.49	25.74	154.43	(0.00)	154.43
40. R&R Recessed light fixture	1.00 EA	94.87	3.46	19.68	118.01	(0.00)	118.01
41. R&R Bathroom ventilation fan	1.00 EA	82.13	4.36	17.30	103.79	(0.00)	103.79
42. R&R Shower head only - High grade	1.00 EA	103.73	7.71	22.30	133.74	(0.00)	133.74
43. R&R Shower faucet - High grade	1.00 EA	289.33	19.99	61.88	371.20	(0.00)	371.20
<b>Dwelling Totals:</b>			<b>403.22</b>	<b>1600.46</b>	<b>9,787.36</b>		<b>9,787.36</b>
<b>Totals: Bathroom</b>			<b>403.22</b>	<b>1,600.46</b>	<b>9,787.36</b>	<b>0.00</b>	<b>9,787.36</b>



Kitchen

Height: 8'

128.33 SF Walls	46.82 SF Ceiling
175.16 SF Walls & Ceiling	41.93 SF Floor
4.66 SY Flooring	16.04 LF Floor Perimeter
16.04 LF Ceil. Perimeter	

Missing Wall

5' 6" X 8'

Opens into HALLWAY

Missing Wall

6' 1/2" X 8'

Opens into LIVING ROOM

DESCRIPTION	QTY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV
<b>DWELLING</b>							
44. Acoustic ceiling (popcorn) texture	46.82 SF	0.51	0.23	4.82	28.93	(0.00)	28.93
45. Seal & paint acoustic ceiling (popcorn) texture	46.82 SF	0.84	1.23	8.10	48.66	(0.00)	48.66
46. Seal/prime then paint the walls twice (3 coats)	128.33 SF	0.87	3.00	22.94	137.59	(0.00)	137.59
47. R&R Baseboard - 4 1/4" w/shoe	16.04 LF	4.61	3.47	15.48	92.89	(0.00)	92.89
48. Seal & paint baseboard w/cap &/or shoe - three coats	16.04 LF	1.59	0.44	5.18	31.12	(0.00)	31.12
49. R&R Tile floor covering - High grade	41.93 SF	11.02	22.61	96.94	581.62	(0.00)	581.62
50. R&R 1/4" Cement board	41.93 SF	4.01	5.44	34.72	208.30	(0.00)	208.30
51. R&R Range hood	1.00 EA	169.54	10.71	36.04	216.29	(73.59)	142.70
52. Range - freestanding - electric	1.00 EA	560.46	54.64	0.00	615.10	(219.67)	395.43
<b>Dwelling Totals:</b>			<b>-101.77</b>	<b>224.22</b>	<b>1,960.50</b>	<b>(293.26)</b>	<b>1,667.24</b>
<b>Totals: Kitchen</b>			<b>101.77</b>	<b>224.22</b>	<b>1,960.50</b>	<b>293.26</b>	<b>1,667.24</b>

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### Hallway

Height: 8'



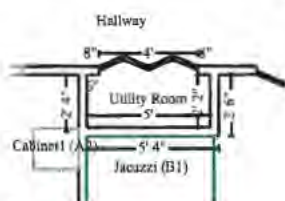
227.67 SF Walls	65.71 SF Ceiling
293.38 SF Walls & Ceiling	65.71 SF Floor
7.30 SY Flooring	26.96 LF Floor Perimeter
35.96 LF Ceil. Perimeter	

Door	4' X 6' 8"	Opens into UTILITY_ROOM
Door	2' 6" X 6' 8"	Opens into BEDROOM
Door	2' 6" X 6' 8"	Opens into Exterior
Missing Wall	3' 5 1/2" X 8'	Opens into LIVING_ROOM
Missing Wall	5' 6" X 8'	Opens into KITCHEN

DESCRIPTION	QTY	UNIT	PRICE	TAX	O&P	RCV	DEPREC.	ACV
<b>DWELLING</b>								
53. Acoustic ceiling (popcorn) texture	65.71	SF	0.51	0.32	6.76	40.59	(0.00)	40.59
54. Seal & paint acoustic ceiling (popcorn) texture	65.71	SF	0.84	1.73	11.38	68.31	(0.00)	68.31
55. Seal/prime then paint part of the walls twice (3 coats)	150.17	SF	0.87	3.51	26.84	161.00	(0.00)	161.00
56. R&R Baseboard - 4 1/4" w/shoe	26.96	LF	4.61	5.84	26.02	156.15	(0.00)	156.15
57. Seal & paint baseboard w/cap &/or shoe - three coats	26.96	LF	1.59	0.74	8.72	52.33	(0.00)	52.33
58. R&R Tile floor covering - High grade	65.71	SF	11.02	35.43	151.90	911.46	(0.00)	911.46
59. R&R 1/4" Cement board	65.71	SF	4.01	8.52	54.40	326.42	(0.00)	326.42
60. R&R Hanging light fixture - High grade	2.00	EA	91.06	10.34	38.48	230.94	(0.00)	230.94
61. R&R Judges paneling - raised panel - paint grade	77.50	SF	17.88	26.98	282.54	1,695.22	(0.00)	1,695.22
62. Seal & paint - judges paneling - two coats	77.50	SF	2.79	1.59	43.56	261.38	(0.00)	261.38
<b>Dwelling Totals:</b>				<b>95.00</b>	<b>650.60</b>	<b>3,903.80</b>		<b>3,903.80</b>
<b>Totals: Hallway</b>				<b>95.00</b>	<b>650.60</b>	<b>3,903.80</b>	<b>0.00</b>	<b>3,903.80</b>

### Utility Room

Height: 8'



87.33 SF Walls	10.62 SF Ceiling
97.96 SF Walls & Ceiling	10.62 SF Floor
1.18 SY Flooring	10.25 LF Floor Perimeter
14.25 LF Ceil. Perimeter	

Door	4' X 6' 8"	Opens into HALLWAY
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DESCRIPTION	QTY	UNIT	PRICE	TAX	O&P	RCV	DEPREC.	ACV
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CONTINUED - Utility Room

DESCRIPTION	QTY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV	
DWELLING								
63. Seal/prime then paint the walls and ceiling twice (3 coats)	97.96	SF	0.87	2.29	17.50	105.02	(0.00)	105.02
64. R&R Bifold door set - full louvered - Double	1.00	EA	222.44	14.52	47.38	284.34	(0.00)	284.34
65. R&R Door opening (jamb & casing) - 60" or wider - paint grade	1.00	EA	135.91	7.55	28.70	172.16	(0.00)	172.16
66. Seal & paint full lvr'd bifold door set - slab - per side	2.00	EA	53.40	2.57	21.88	131.25	(0.00)	131.25
67. Seal & paint casing - three coats	17.33	LF	1.37	0.24	4.78	28.76	(0.00)	28.76
68. R&R Water heater - 80 gallon - Electric	1.00	EA	1,168.04	83.19	250.24	1,501.47	(661.20)	840.27
Dwelling Totals:				110.36	370.48	2,223.00	(661.20)	1,561.80
Totals: Utility Room				110.36	370.48	2,223.00	661.20	1,561.80



Jacuzzi Room

Height: 8'

73.56 SF Walls	34.44 SF Ceiling
108.01 SF Walls & Ceiling	17.65 SF Floor
1.96 SY Flooring	2.83 LF Floor Perimeter
17.33 LF Ceil. Perimeter	

Door	2' 4" X 6' 8"	Opens into BATHROOM
Missing Wall	6' 8" X 8'	Opens into BEDROOM
Door	2' 6" X 6' 8"	Opens into CLOSET
Door	1' 3" X 6' 8"	Opens into CLOSET

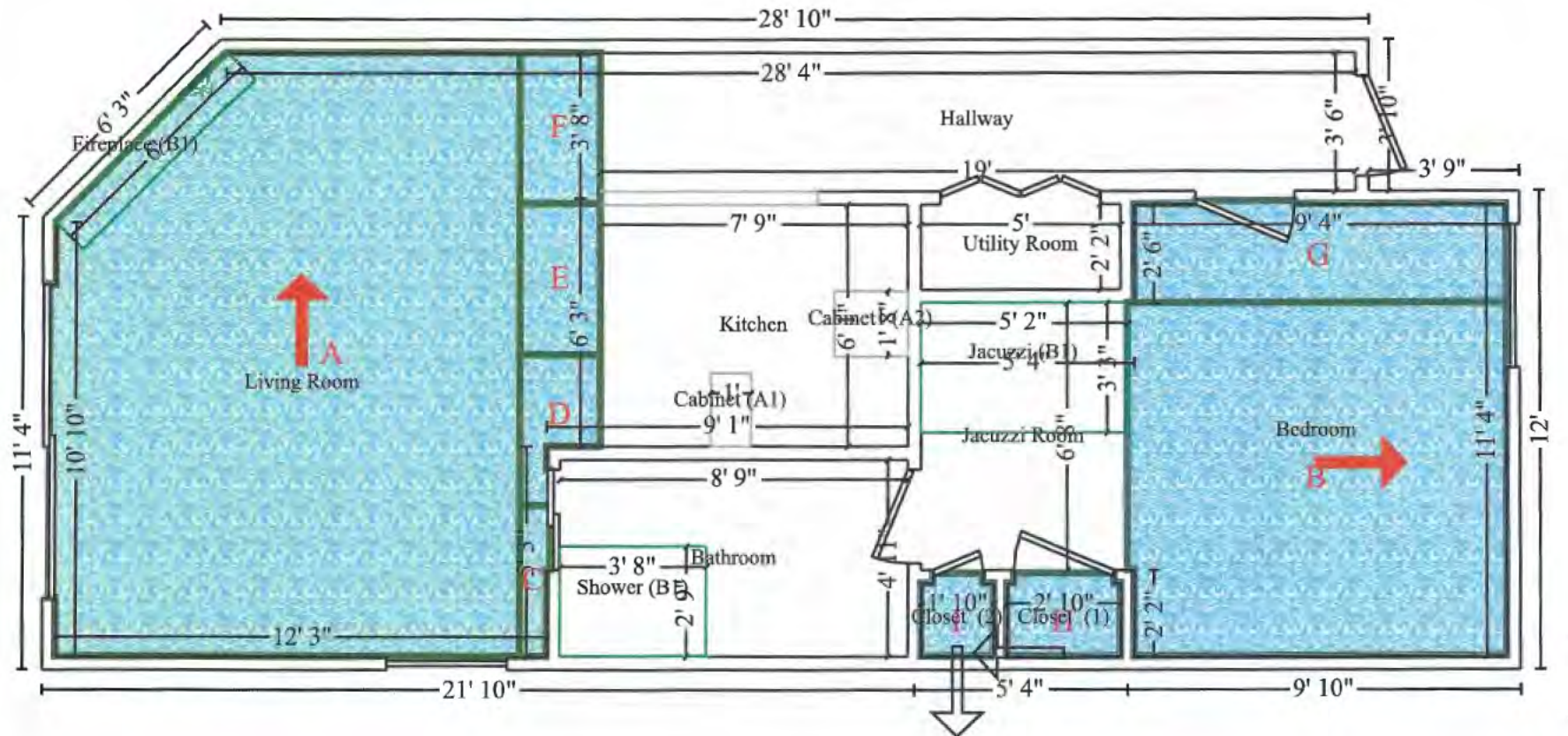
DESCRIPTION	QTY	UNIT PRICE	TAX	O&P	RCV	DEPREC.	ACV	
DWELLING								
69. Acoustic ceiling (popcorn) texture	34.44	SF	0.51	0.17	3.56	21.29	(0.00)	21.29
70. Seal & paint acoustic ceiling (popcorn) texture	34.44	SF	0.84	0.91	5.96	35.80	(0.00)	35.80
71. Seal/prime then paint the walls twice (3 coats)	73.56	SF	0.87	1.72	13.14	78.86	(0.00)	78.86
72. R&R Interior door unit Two closet doors and one door that leads to bathroom.	3.00	EA	151.75	30.80	97.22	583.27	(0.00)	583.27
73. Seal & paint door slab only (per side) Two closet doors and one door that leads to bathroom.	6.00	EA	25.28	4.06	31.16	186.90	(0.00)	186.90

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Main Level



Main Level

Customer: MARY DAMRON  
 Property: 855 CAMPBELL LEAD RD # 405  
 GATLINBURG, TN 37738  
 Home: 1044 KEENELAND CT  
 FRANKFORT, KY 40601

Home: (502) [REDACTED]  
 Business: (502) [REDACTED]

Claim Rep.: Michael Zaccagnino  
 Company: TRAVELERS PERSONAL SECURITY INSURANCE COMPANY  
 Business: Po Box 430 Buffalo, NY 14240  
 Business: (716) 548-6172  
 E-mail: mzaccagn@travelers.com

Claim Number: HZN7173001C Policy Number: 0XJ598994632422636 1 Type of Loss: Brush Fire  
 Date of Loss: 11/29/2016 Date Completed: 12/11/2016 8:54 AM Price List: TNKN8X\_DEC16

Coverage	Deductible	Policy Limit
Dwelling	\$0.00	\$25,899.19
Contents	\$0.00	\$15,569.74

Dear MARY DAMRON:

We have prepared an estimate of damages which will serve as the basis for our determination of benefits. Therefore, you and/or your contractor should review this estimate carefully and let us know immediately if you have any questions prior to beginning any work. A letter with an explanation of benefits and coverage will be provided to you separately. Thank you for allowing us to be of service, and thank you for choosing TRAVELERS PERSONAL SECURITY INSURANCE COMPANY for your insurance needs. If you have any questions regarding this estimate or any aspect of your claim, please contact Michael Zaccagnino at (716) 548-6172.

*For more information about how the claim process works and where to find services to help you recover, visit [travelers.com/claim](http://travelers.com/claim).*



# Guide to Understanding Your Property Estimate

## Common Units of Measure

EA – Each	CY – Cubic Yard
LF – Linear Foot	SQ – Square
SF – Square Foot	HR – Hour
SY – Square Yard	DA – Day
CF – Cubic Foot	RM – Room

## Your Estimate Cover Sheet

The cover sheet of your estimate includes important information such as:

- (A) Your Travelers claim professional's contact information
- (B) Your claim number
- (C) The types of coverage under your policy, including the applicable deductibles and policy limits.
- (D) Your estimate may include policy sublimits for specific items, such as money. Each sublimit has a unique ID tag. That ID tag will appear next to any line item subject to the sublimit.

<b>Claim Professional:</b> John Doe <b>Business:</b> One Tower Square Hartford, CT 06183		<b>Business:</b> (860) 555-9876 <b>E-mail:</b> jdoe@travelers.com	
<b>Claim Number:</b> ABC1234001H <b>Date of Loss:</b> 10/10/2011 3:00 PM		<b>Policy Number:</b> 123456789-633-1 <b>Date Completed:</b> 10/11/2011 11:50 AM	
<b>Type of Loss:</b> Fire <b>Price List:</b> CTHA7X_OCT1			
<b>Coverage</b> Dwelling Other Structures Contents	<b>Deductible</b> \$500.00 \$0.00 \$0.00	<b>Policy Limit</b> \$300,000.00 \$30,000.00 \$210,000.00	<b>*Money, Gift Cards, etc.</b> [5 3:1] \$200.00/\$200.00

## Your Estimate Detail

This is where the details about your lost or damaged property can be found.

- (E) Description – Details describing the activity or items being estimated.
- (F) Quantity – The number of units (for example, square feet) for an item.
- (G) Unit Cost – The cost of a single unit.
- (H) Replacement Cost Value (RCV) – The estimated cost of repairing a damaged item or replacing an item with a similar one. RCV is calculated by multiplying Quantity x Unit Cost.
- (I) Depreciation – Loss of value that has occurred over time due to factors such as age, wear and tear, and obsolescence. If depreciation is recoverable, the amount is shown in ( ). If depreciation is not recoverable, the amount is shown in < >.
- (J) Actual Cash Value (ACV) – The estimated value of the item or damage at the time of the loss. Generally, ACV is calculated as Replacement Cost Value (RCV) minus Depreciation.
- (K) Labor Minimums – The cost of labor associated with drive time, setup time and applicable administrative tasks required to perform a minor repair.

Living Room

LxWxH 18' x 14' x 8'

512.00 SF Walls  
764.00 SF Walls & Ceiling  
28.00 SY Flooring  
144.00 SF Wall Trim  
64.00 LF Trim

252.00 SF Ceiling  
252.00 SF Floor  
64.00 LF Floor Perimeter  
12.00 SF Staircase

DESCRIPTION

QTY UNIT PRICE

TAX

RCV

DEPREC.

ACV

DWELLING

1. 1/2" dry wall - hung, taped, finished, ready for paint.
2. Paint the walls - two coats
3. R&R Carpet

32.00 SF  
512.00 SF  
252.00 SF

1.55  
0.63  
3.01

0.75  
5.22  
33.57

50.35  
327.36  
792.09

(1.67)  
(43.71)  
<148.33>

48.68  
283.65  
613.76

CONTENTS

4. Cash, currency, money, bank notes, bullion, and coins [5 3:1]
5. TV - LCD / LED-LCD 35-39 in.

1.00 EA  
1.00 EA

200.00  
500.00

0.00  
30.00

200.00  
530.00

(0.00)  
(79.50)

200.00  
450.50

Dwelling Totals:

39.54

1,170.22

143.71

976.51

Contents Totals:

30.00

730.00

(79.50)

650.50

Totals: Living Room

69.54

1,900.22

223.21

1,627.01

Labor Minimums

DESCRIPTION

QTY UNIT PRICE

TAX

RCV

DEPREC.

ACV

DWELLING

6. Drywall repair

1.00 EA

297.88

0.00

297.88

(0.00)

297.88

Dwelling Totals:

0.00

297.88

297.88

Totals: Labor Minimums

0.00

297.88

0.00

297.88

## Your Estimate Summary

For each type of coverage involved in your estimate there is a summary section that shows the total estimated costs (RCV and ACV) and net claim amount for the coverage type. The example to the right depicts a Dwelling coverage summary.

- (L) Line Item Total – The sum of all the line items for that particular coverage.
- (M) Total Replacement Cost Value – The total RCV of all items for that coverage.
- (N) Total Actual Cash Value – The total ACV of all items for that coverage.
- (O) Deductible – The amount of the loss paid by you. A deductible is generally a specified dollar amount or a percentage of your policy limit.
- (P) Net Claim – The amount payable to you after depreciation and deductible have been applied. This amount can never be greater than your coverage limit.
- (Q) Total Recoverable Depreciation – The total amount of depreciation you can potentially recover.

Summary for Dwelling	
Line Item Total	1,428.56
Material Sales Tax	39.54
<b>Replacement Cost Value</b>	<b>\$1,468.10</b>
Less Depreciation	(193.71)
<b>Actual Cash Value</b>	<b>\$1,274.39</b>
Less Deductible	(500.00)
<b>Net Claim</b>	<b>\$774.39</b>
Total Depreciation	193.71
Less Non-Recoverable Depreciation	<148.33>
Total Recoverable Depreciation	45.38
<b>Net Claim if Depreciation is Recovered</b>	<b>\$819.77</b>

We encourage you to contact us if you have additional questions regarding your claim or anything in this guide.

For information about how the claim process works and where to find services to help you recover, visit [travelers.com/claim](http://travelers.com/claim).





MARY\_DAMRON

Kitchen

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV	
CONTENTS							
1. Wastebasket / garbage / trash can	1.00	EA	34.00	3.32	37.32	(1.23)	36.09
2. various health aids - OTC	5.00	EA	8.00	3.90	43.90	(4.39)	39.51
3. cleaning product	1.00	EA	8.00	0.78	8.78	(0.88)	7.90
4. Coffee - Brewer / Maker	1.00	EA	50.00	4.88	54.88	(10.98)	43.90
5. Corded phone	1.00	EA	45.00	4.39	49.39	(1.64)	47.75
6. Network router	1.00	EA	60.00	5.85	65.85	(4.35)	61.50
7. Plate - Dinner - Casual dinnerware	2.00	EA	19.00	3.71	41.71	(0.69)	41.02
8. Mug	4.00	EA	16.00	6.24	70.24	(1.16)	69.08
9. Glasses and cups set - 4pc.	1.00	EA	24.00	2.34	26.34	(0.44)	25.90
10. fluted wine glasses	6.00	EA	10.00	5.85	65.85	(1.09)	64.76
11. Glasses and cups set - 4pc.	2.00	EA	24.00	4.68	52.68	(0.87)	51.81
12. Pitcher	1.00	EA	29.00	2.83	31.83	(0.53)	31.30
13. roll of paper towels	1.00	EA	2.00	0.20	2.20	(0.22)	1.98
14. various food/snacks	1.00	EA	15.00	1.16	16.16	(1.62)	14.54
15. Cookware set - 10 pc.	1.00	EA	160.00	15.60	175.60	(2.90)	172.70
16. Microwave - Countertop	1.00	EA	100.00	9.75	109.75	(21.95)	87.80
17. Serving tray	1.00	EA	35.00	3.41	38.41	(0.64)	37.77
18. Cutlery & utility - Cutting boards	1.00	EA	35.00	3.41	38.41	(0.64)	37.77
19. Kitchen towel	2.00	EA	14.00	2.73	30.73	(2.03)	28.70
20. various food and snacks on the counter	1.00	EA	35.00	2.71	37.71	(3.77)	33.94
21. toastmaster two slice toaster	1.00	EA	35.00	3.41	38.41	(7.68)	30.73
22. Jar blender	1.00	EA	50.00	4.88	54.88	(10.98)	43.90
23. Bowl - Sugar - Casual dinnerware	1.00	EA	20.00	1.95	21.95	(0.36)	21.59
24. Measuring cup set	1.00	EA	14.00	1.37	15.37	(0.51)	14.86
25. Colander / strainer	2.00	EA	19.00	3.71	41.71	(1.37)	40.34
26. Mixing bowl - Single	1.00	EA	20.00	1.95	21.95	(0.36)	21.59
27. Casserole dish	1.00	EA	57.00	5.56	62.56	(1.03)	61.53
28. Plate - Dinner - Casual dinnerware	7.00	EA	19.00	12.97	145.97	(2.40)	143.57
29. Bowl - Soup/Pasta/Cereal - Casual dinnerware	4.00	EA	18.00	7.02	79.02	(1.31)	77.71
30. Decorative figurine / Statue / Sculpture	1.00	EA	42.00	4.10	46.10	(4.61)	41.49
31. Refrigerator - top freezer - 14 to 18 cf	1.00	EA	591.00	57.62	648.62	(15.29)	633.33
32. various beverages in fridge	1.00	EA	20.00	1.55	21.55	(2.16)	19.39
33. Ladle / Spoon	1.00	EA	13.00	1.27	14.27	(0.23)	14.04
34. Cheese grater / slicer	1.00	EA	16.00	1.56	17.56	(0.58)	16.98
35. Cutlery & utility - Cutting boards	2.00	EA	35.00	6.83	76.83	(1.27)	75.56
36. Kitchen towel	1.00	EA	14.00	1.37	15.37	(1.01)	14.36
37. Measuring cup set	1.00	EA	14.00	1.37	15.37	(0.51)	14.86
38. Tongs	1.00	EA	15.00	1.46	16.46	(0.27)	16.19
39. Silverware/Flatware - Casual serving set	1.00	EA	25.00	2.44	27.44	(0.45)	26.99
40. Flatware tray	1.00	EA	20.00	1.95	21.95	(0.72)	21.23

CONTINUED - Kitchen

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
Contents Totals:			212.08	2,401.08	(115.12)	2,285.96
Totals: Kitchen			212.08	2,401.08	115.12	2,285.96

Hallway

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
CONTENTS						
41. Luggage - Garment bags	1.00	EA 90.00	8.78	98.78	(1.64)	97.14
42. Winsome 92436 Luggage Rack with Shelf	1.00	EA 34.99	3.41	38.40	(0.64)	37.76
Amazon on Amazon.com - 12/10/2016						
item not in xacicontents						
Orig. Desc. - luggage rack						
Contents Totals:			12.19	137.18	(2.28)	134.90
Totals: Hallway			12.19	137.18	2.28	134.90

Bathroom

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
CONTENTS						
43. Bath towel	3.00	EA 20.00	5.85	65.85	(4.35)	61.50
44. Washcloth	3.00	EA 9.00	2.63	29.63	(1.95)	27.68
45. Hand towel	1.00	EA 14.00	1.37	15.37	(1.01)	14.36
46. shower cap	1.00	EA 10.00	0.98	10.98	(0.72)	10.26
47. Bath towel	1.00	EA 20.00	1.95	21.95	(1.45)	20.50
48. various toiletries	1.00	EA 50.00	4.88	54.88	(5.49)	49.39
49. Wastebasket / garbage / trash can	1.00	EA 34.00	3.32	37.32	(1.23)	36.09
50. Night light	1.00	EA 17.00	1.66	18.66	(0.61)	18.05
51. Hair dryer	1.00	EA 27.00	2.63	29.63	(2.96)	26.67
52. Laundry basket	1.00	EA 15.00	1.46	16.46	(0.55)	15.91
Contents Totals:			26.73	300.73	(20.32)	280.41
Totals: Bathroom			26.73	300.73	20.32	280.41

**Storage closet 1**

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<b>CONTENTS</b>						
53. Ironing board	1.00	EA 42.00	4.10	46.10	(1.53)	44.57
54. Pillow	2.00	EA 30.00	5.85	65.85	(2.17)	63.68
55. Blanket	1.00	EA 40.00	3.90	43.90	(1.45)	42.45
56. Bed sheet set - King	1.00	EA 84.00	8.19	92.19	(6.08)	86.11
57. Latex paint - per gallon	6.00	EA 33.84	19.80	222.84	(111.42)	111.42
58. Iron - Clothing / Clothes	1.00	EA 35.00	3.41	38.41	(7.68)	30.73
59. Shoes - Ladies' - Sneakers / Tennis	1.00	EA 60.00	5.85	65.85	(7.24)	58.61
60. various household maintenance items	1.00	EA 50.00	4.88	54.88	(5.49)	49.39
61. Clothes hanger - 10 pk.	1.00	EA 4.50	0.44	4.94	(0.16)	4.78
62. Plunger - Toilet	1.00	EA 14.00	1.37	15.37	(0.51)	14.86
<b>Contents Totals:</b>			<b>57.79</b>	<b>650.33</b>	<b>(143.73)</b>	<b>506.60</b>
<b>Totals: Storage closet 1</b>			<b>57.79</b>	<b>650.33</b>	<b>143.73</b>	<b>506.60</b>

**Bedroom**

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<b>CONTENTS</b>						
63. Complete bed - King - High grade used high grade based on inspection - ornate wood headboard and frame	1.00	EA 941.00	91.75	1,032.75	(17.04)	1,015.71
64. Mattress - King	1.00	EA 900.00	87.75	987.75	(16.30)	971.45
65. Mattress protector / Cover	1.00	EA 59.00	5.75	64.75	(4.27)	60.48
66. Mattress pad	1.00	EA 80.00	7.80	87.80	(5.79)	82.01
67. Bed sheet set - King	1.00	EA 84.00	8.19	92.19	(6.08)	86.11
68. Comforter	1.00	EA 70.00	6.83	76.83	(2.54)	74.29
69. Blanket	1.00	EA 40.00	3.90	43.90	(1.45)	42.45
70. Box spring - King	1.00	EA 240.00	23.40	263.40	(4.35)	259.05
71. Mattress protector / Cover - for box spring	1.00	EA 59.00	5.75	64.75	(4.27)	60.48
72. Curtains / drapes - High grade used high grade based on inspection	1.00	EA 109.00	10.63	119.63	(3.95)	115.68
73. Window valance - High grade used high grade based on inspection	1.00	EA 57.00	5.56	62.56	(2.06)	60.50
74. Pillow	6.00	EA 30.00	17.55	197.55	(6.52)	191.03
75. Pillow case	3.00	EA 22.00	6.44	72.44	(4.79)	67.65
76. Floor lamp / torchiere	1.00	EA 169.00	16.48	185.48	(6.12)	179.36
77. Nightstand	1.00	EA 150.00	14.63	164.63	(2.72)	161.91
78. Table lamp	1.00	EA 89.00	8.68	97.68	(3.23)	94.45
79. Dresser / Chest of drawers	1.00	EA 279.00	27.20	306.20	(5.05)	301.15
80. glass top for table	1.00	EA 74.99	7.31	82.30	(1.36)	80.94



CONTINUED - Bedroom

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<a href="http://www.pier1.com/square-glass-table-top/PS40924.html?cgid=accent-tables#nav=tile&amp;icid=cat_living_room_furniture-subcat_accent_tables-subcat_tile_view_all_coffee_accent&amp;sz=60&amp;start=1">http://www.pier1.com/square-glass-table-top/PS40924.html?cgid=accent-tables#nav=tile&amp;icid=cat_living_room_furniture-subcat_accent_tables-subcat_tile_view_all_coffee_accent&amp;sz=60&amp;start=1</a>						
81. samsung un3254000 32" tv	1.00	EA	250.00	24.38	274.38	(9.05) 265.33
82. Surge protector	1.00	EA	30.00	2.93	32.93	(1.09) 31.84
83. Bath towel	1.00	EA	20.00	1.95	21.95	(1.45) 20.50
84. Sleepwear / Pajamas - Ladies'	1.00	EA	20.00	1.95	21.95	(2.41) 19.54
85. Floor lamp / torchiere	1.00	EA	169.00	16.48	185.48	(6.12) 179.36
86. Lamp shade	1.00	EA	30.00	2.93	32.93	(1.09) 31.84
87. Curtain rod - Holdbacks	1.00	EA	35.00	3.41	38.41	(1.27) 37.14
<b>Contents Totals:</b>			<b>409.63</b>	<b>4,610.62</b>	<b>(120.37)</b>	<b>4,490.25</b>
<b>Totals: Bedroom</b>			<b>409.63</b>	<b>4,610.62</b>	<b>120.37</b>	<b>4,490.25</b>

Locked storage cabinet

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<b>CONTENTS</b>						
88. various games, cards and board games	10.00	EA	10.00	9.75	109.75	(7.24) 102.51
89. Blanket - Throw	1.00	EA	39.00	3.80	42.80	(1.42) 41.38
90. bottles of wine	5.00	EA	20.00	7.75	107.75	(10.78) 96.97
91. bottles of liquor, spirits	5.00	EA	20.00	7.75	107.75	(10.78) 96.97
<b>Contents Totals:</b>			<b>29.05</b>	<b>368.05</b>	<b>(30.22)</b>	<b>337.83</b>
<b>Totals: Locked storage cabinet</b>			<b>29.05</b>	<b>368.05</b>	<b>30.22</b>	<b>337.83</b>

Items not at unit

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<b>CONTENTS</b>						
92. Decorative figurine / Statue / Sculpture	2.00	EA	42.00	8.19	92.19	(9.22) 82.97
93. Nightstand	1.00	EA	150.00	14.63	164.63	(2.72) 161.91
94. Serving tray, plates	5.00	EA	15.00	7.31	82.31	(1.36) 80.95
<b>Contents Totals:</b>			<b>30.13</b>	<b>339.13</b>	<b>(13.30)</b>	<b>325.83</b>
<b>Totals: Items not at unit</b>			<b>30.13</b>	<b>339.13</b>	<b>13.30</b>	<b>325.83</b>

12/11/2016

Page: 6

Living Room

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<b>CONTENTS</b>						
95. Sofa / Couch sleeper / Hide-a-Bed - Leather	1.00 EA	1,960.00	191.10	2,151.10	(70.99)	2,080.11
96. Table lamp	1.00 EA	89.00	8.68	97.68	(3.23)	94.45
97. Lamp shade	1.00 EA	30.00	2.93	32.93	(1.09)	31.84
98. Floor lamp / torchiere	1.00 EA	169.00	16.48	185.48	(6.12)	179.36
99. Painting - Artwork	1.00 EA	138.00	13.46	151.46	(0.00)	151.46
100. Blanket	1.00 EA	40.00	3.90	43.90	(1.45)	42.45
Orig. Desc. - blanket						
101. Decorative / Throw pillows	4.00 EA	34.00	13.26	149.26	(4.93)	144.33
102. accent table - Pier 1	1.00 EA	249.95	24.37	274.32	(4.52)	269.80
<a href="http://www.pier1.com/ridgeway-small-trunk/2693229.html?cgid=trunk#nav=tile&amp;icid=cat_living_room_furniture-subcat_accent_tables-subcat_tile_trunk&amp;start=1">http://www.pier1.com/ridgeway-small-trunk/2693229.html?cgid=trunk#nav=tile&amp;icid=cat_living_room_furniture-subcat_accent_tables-subcat_tile_trunk&amp;start=1</a>						
103. coffee table/trunk - Pier 1	1.00 EA	449.95	43.87	493.82	(8.14)	485.68
<a href="http://www.pier1.com/ridgeway-trunk-with-wine-storage/2497315.html?cgid=trunk#nav=tile&amp;icid=cat_living_room_furniture-subcat_accent_tables-subcat_tile_trunk&amp;start=1">http://www.pier1.com/ridgeway-trunk-with-wine-storage/2497315.html?cgid=trunk#nav=tile&amp;icid=cat_living_room_furniture-subcat_accent_tables-subcat_tile_trunk&amp;start=1</a>						
104. Rug - Area - animal cutout rug	1.00 EA	139.00	13.55	152.55	(5.04)	147.51
105. indoor out door runner	1.00 EA	130.00	12.68	142.68	(4.71)	137.97
106. Fireplace screen	1.00 EA	139.00	13.55	152.55	(5.04)	147.51
107. Fireplace tool set - 3+ pc. set	1.00 EA	109.00	10.63	119.63	(1.98)	117.65
108. Painting - Artwork - Premium grade - Bear mountain design	1.00 EA	465.00	45.34	510.34	(0.00)	510.34
Reported Cost: \$500.00						
used premium grade based on my inspection - size was 3 1/2 x 2 1/2, original						
109. Picture frame - Premium grade	1.00 EA	102.00	9.95	111.95	(3.70)	108.25
used premium pricing based on my inspection and size of frame						
110. Decorative figurine / Statue / Sculpture	2.00 EA	42.00	8.19	92.19	(9.22)	82.97
111. TV - LCD / LED-LCD 55-59 in.	1.00 EA	1,125.00	109.69	1,234.69	(40.75)	1,193.94
could not see model number due to wall mount						
Orig. Desc. - 55" flat screen tv Sanyo						
112. Television wall mount	1.00 EA	100.00	9.75	109.75	(3.62)	106.13
113. norcent DP313 dvd player	1.00 EA	40.00	3.90	43.90	(1.45)	42.45
114. Entertainment center/accent table under tv	1.00 EA	136.00	13.26	149.26	(2.46)	146.80
115. Hardback book (new release)	1.00 EA	29.00	2.83	31.83	(10.50)	21.33
116. Stool / barstool	4.00 EA	149.00	58.11	654.11	(21.59)	632.52
<b>Contents Totals:</b>			<b>629.48</b>	<b>7,085.38</b>	<b>(210.53)</b>	<b>6,874.85</b>
<b>Totals: Living Room</b>			<b>629.48</b>	<b>7,085.38</b>	<b>210.53</b>	<b>6,874.85</b>

Patio

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
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CONTINUED - Patio

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<u>CONTENTS</u>						
117. Table with chairs - Patio	1.00	EA 500.00	48.75	548.75	(25.87)	522.88
118. Chair - Pillow / Pad	3.00	EA 34.00	9.95	111.95	(7.39)	104.56
<b>Contents Totals:</b>			<b>58.70</b>	<b>660.70</b>	<b>(33.26)</b>	<b>627.44</b>
<b>Totals: Patio</b>			<b>58.70</b>	<b>660.70</b>	<b>33.26</b>	<b>627.44</b>

Debris Removal

DESCRIPTION	QTY	UNIT PRICE	TAX	RCV	DEPREC.	ACV
<u>CONTENTS</u>						
119. Haul debris - per pickup truck load - including dump fees debris removal for contents	2.00	EA 97.04	0.00	194.08	(0.00)	194.08
<b>Contents Totals:</b>			<b>0.00</b>	<b>194.08</b>		<b>194.08</b>
<b>Totals: Debris Removal</b>			<b>0.00</b>	<b>194.08</b>	<b>0.00</b>	<b>194.08</b>
<b>Area Contents Total:</b>			<b>1,465.78</b>	<b>16,747.28</b>	<b>(689.13)</b>	<b>16,058.15</b>
<b>Line Item Totals: MARY_DAMRON</b>			<b>1,465.78</b>	<b>16,747.28</b>	<b>689.13</b>	<b>16,058.15</b>



### Summary for Contents

Line Item Total	15,281.50
Material Sales Tax	1,444.86
Food Tax	20.92
<b>Replacement Cost Value</b>	<b>\$16,747.28</b>
Less Depreciation	(689.13)
<b>Actual Cash Value</b>	<b>\$16,058.15</b>
Less Amount Over Limit(s)	(488.41)
<b>Net Claim</b>	<b>\$15,569.74</b>
Total Depreciation	689.13
Less Residual Amount Over Limit(s)	(689.13)
Total Recoverable Depreciation	0.00
<b>Net Claim if Depreciation is Recovered</b>	<b>\$15,569.74</b>

Michael Zaccagnino

### Recap of Taxes

	Material Sales Tax (9.75%)	P Ppty Material Tax (9.75%)	P Ppty Cleaning Tax (9.75%)	Storage Rental Tax (9.75%)	Food Tax (7.75%)
Line Items	1,444.86	0.00	0.00	0.00	20.92
Total	1,444.86	0.00	0.00	0.00	20.92

Recap by Room

Estimate: MARY\_DAMRON

Kitchen	2,189.00	14.32%
Hallway	124.99	0.82%
Bathroom	274.00	1.79%
Storage closet 1	592.54	3.88%
Bedroom	4,200.99	27.49%
Locked storage cabinet	339.00	2.22%
Items not at unit	309.00	2.02%
Living Room	6,455.90	42.25%
Patio	602.00	3.94%
Debris Removal	194.08	1.27%
<hr/>		
Subtotal of Areas	15,281.50	100.00%
<hr/>		
Total	15,281.50	100.00%



## Recap by Category with Depreciation

Items	RCV	Deprec.	ACV
APPLIANCES - MAJOR W/O INSTALL	591.00	13.93	577.07
APPLIANCES - SMALL	270.00	54.00	216.00
ARTWORK	603.00		603.00
BOOKS, MAGAZINES & PERIODICALS	29.00	9.57	19.43
CLOTHING & ACCESSORIES	80.00	8.80	71.20
COMPUTERS & RELATED GOODS	60.00	3.96	56.04
GENERAL DEMOLITION	194.08		194.08
ELECTRONICS	1,590.00	52.48	1,537.52
FURNITURE - HOME & OFFICE	6,126.89	143.27	5,983.62
HOUSEWARES - DINING & FLATWARE	623.00	10.29	612.71
HEALTH & MEDICAL SUPPLIES	40.00	4.00	36.00
HOUSEWARES - HOME DECOR	1,666.50	67.30	1,599.20
KITCHENWARE	472.00	9.47	462.53
LAWN, GARDEN & PATIO	500.00	23.57	476.43
LINENS & SOFTGOODS	1,601.00	76.81	1,524.19
LUGGAGE, BAGS & ACCESSORIES	124.99	2.07	122.92
PERSONAL CARE & BEAUTY	77.00	7.70	69.30
PERISHABLE - NON-PERISHABLE	533.04	134.52	398.52
TOYS & GAMES	100.00	6.60	93.40
Subtotal	15,281.50	628.34	14,653.16
Material Sales Tax	1,444.86	58.68	1,386.18
Food Tax	20.92	2.11	18.81
Total	16,747.28	689.13	16,058.15

LAW OFFICES

# Gilreath & Associates, PLLC

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MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

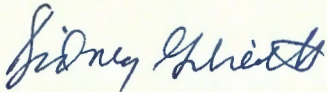
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

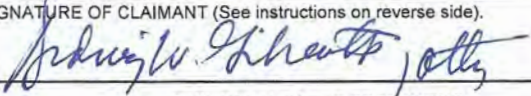


Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH		5. MARITAL STATUS Married	
6. DATE AND DAY OF ACCIDENT 11/23/2016    Wednesday		7. TIME (A.M. OR P.M.) 4:00 P.M.			
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
Claimant: Private residence plus furnishings, total contents located at: 855 Campbell Lead Rd., Unit 515, Gatlinburg, TN 37738.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
286,400.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  286,400.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/27/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Erie

**INSTRUCTIONS**

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
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NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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OFFICE OF THE

2018 SEP -5 AM 8:08

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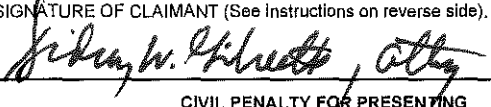


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimants: Private residence plus furnishings and total contents and rental income located at: 1172 Anne's Road, Gatlinburg, TN 37738.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
350,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  350,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/24/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

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15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

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Allstate

### INSTRUCTIONS

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A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

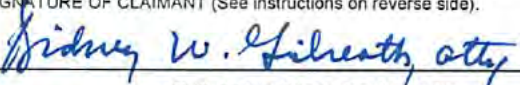
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C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Betty F. Davis 599 Wild Azalea Road Waycross, GA 31503		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 1120 Longview Court, Gatlinburg, TN 37738					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
375,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 375,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 10-23-17					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Barns Agency- Nationwide

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

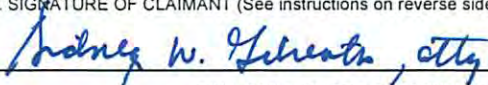
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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
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NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
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STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
750,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 750,000.00	
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Erie

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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550 MAIN AVENUE, SUITE 600

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615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

RECEIVED

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Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farmers

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
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NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

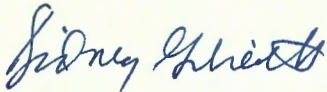
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

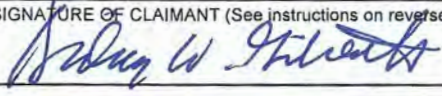
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Leon C. Dodd 638 Cedar Lane Apt. 1 Knoxville, TN 37912		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence; total contents located at: 191 Newton Lane, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
20,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  20,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 9/4/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

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DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

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- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
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- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

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KNOXVILLE, TENNESSEE 37901-1270  
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NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

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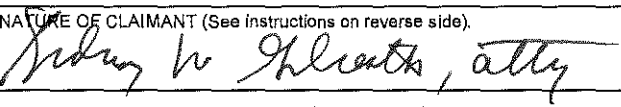
024138

Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591



Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Owner Rental Home located at 406 Pebble Creek Drive, Gatlinburg, TN 37738; total house and contents lost.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  339,875.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  339,875.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  8/29/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Berkley Southeast

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

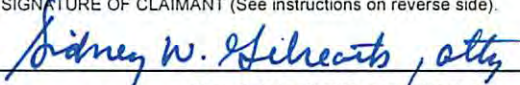
B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Keith A. Donnelly Theresa M. Donnelly 170 Columbine Road Kingsport, TN 37660		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 1324 Garrett Drive Gatlinburg, TN; coin collection; civil war letters from family members					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
500,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 500,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 10-23-17					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

## INSTRUCTIONS

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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P.O. BOX 1270  
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TELEPHONE 865/637-2442  
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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
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615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

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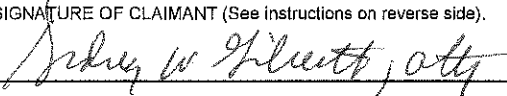
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Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
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Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Co-owner with George (brother) of private residence plus furnishings and total contents located at: 855 Campbell Lead Road, Unit 509, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
<b>12. (See Instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
260,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  260,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 5/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

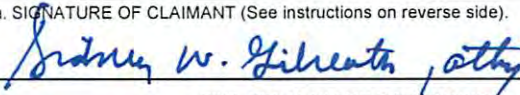
- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Hanna N. Dover P.O. Box 50672 Greenwood, SC 29646		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="height: 40px;"></div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: 2 private residences plus furnishings and total contents from both houses located at: 509 Baskins Creek Road and 505 Baskins Road, Gatlinburg, TN 37738					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="height: 60px;"></div>					
11. WITNESSES					
NAME   <div style="text-align: center;">Eric Cooper</div>		ADDRESS (Number, Street, City, State, and Zip Code)   <div style="text-align: center;">1216 East Parkway #1413 Gatlinburg, TN 37738</div>			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE  2,000,000		12b. PERSONAL INJURY  <div style="height: 40px;"></div>		12c. WRONGFUL DEATH  <div style="height: 40px;"></div>	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).  2,000,000					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Allstate  
Barnes Insurance

## INSTRUCTIONS

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(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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550 MAIN AVENUE, SUITE 600

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TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
www.sidgilreath.com

SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

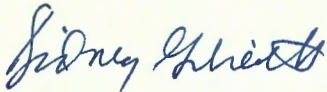
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043



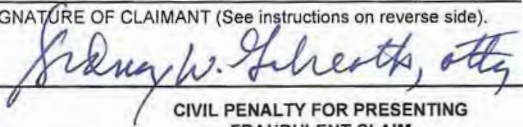
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Married	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rental Home located at 657 Red Bud Ln, Gatlinburg, TN 37738; lost contents and 4 vehicles; 2005 Chevy Tahoe, 2008 Lincoln Navigator, 2010 Ford Explorer, 2008 VW Cabriolet.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
100,000.00				100,000.00	
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<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Howard N. Downing Joyce A. Downing P.O. Box 16 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents; one cat; Cars- 2001 Oldsmobile Silhouette and 2002 Mercedes Benz ML320 located at: 1112 Longview Court, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE  1,000,000		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Shrestha, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE <i>10-22-17</i>
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Allstate

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

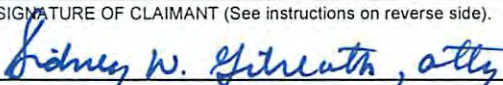
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  John W. Drummond Elizabeth W. Drummond 1830 Patrick Mill Place Buford, GA 30578		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 817 Wiley Oakley Drive, Gatlinburg, TN					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
425,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 425,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Farm

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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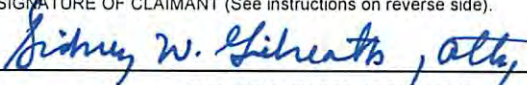
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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence; total contents for 2 adults and 3 children located at: 1328 Garrett Drive, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  60,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  60,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

### PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

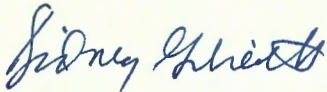
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

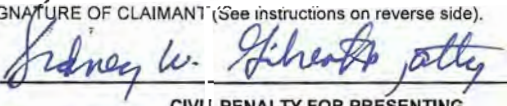
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="height: 40px;"></div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  AMENDED - Claimant: Renting residence; total contents for 2 adults and 3 children located at: 1328 Garrett Drive, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="height: 60px;"></div>					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  350,000.00		12b. PERSONAL INJURY  <div style="height: 40px;"></div>		12c. WRONGFUL DEATH  <div style="height: 40px;"></div>	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  350,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
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- (d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

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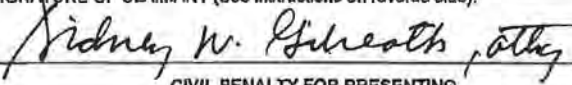
A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  Christopher Dunaway 694 Eagles Blvd. Way Pigeon Forge, TN 37863		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Single	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents also one cat, his father's ashes and paintings that his mother had painted located at: 780 Loop Road, Gatlinburg, TN 37738					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)</b>					
<b>12a. PROPERTY DAMAGE</b>  \$1,150,000.00	<b>12b. PERSONAL INJURY</b>	<b>12c. WRONGFUL DEATH</b>	<b>12d. TOTAL (Failure to specify may cause forfeiture of your rights).</b>  \$1,150,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side). 			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b> (865) 637-2442	<b>14. DATE OF SIGNATURE</b> 8/22/17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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STANDARD FORM 95 (REV. 2/2007)  
 PRESCRIBED BY DEPT. OF JUSTICE  
 28 CFR 14.2



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Erie Insurance

## INSTRUCTIONS

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Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.  
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Alisa M. Durbin- Carroll Chad Carroll 2037 Bays Mountain Road New Market, TN 37820		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Renting residence; total contents for 2 adults and 4 children; Pets- 3 dogs, one cat and fish; guns; jewelry; Cars- 2016 Dodge Journey and 2001 Ford Escort located at 401 Red Heights, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
650,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 650,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Lieheats, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

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TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
www.sidgilreath.com

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R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

RECEIVED

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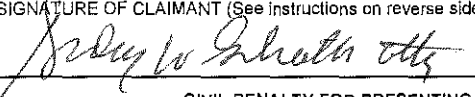


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, thereby causing personal injury and property damage.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence located at 306 Beech Ridge Ln. Gatlinburg, TN 37738; total contents damaged by smoke					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  Lungs and Throat damaged by fire and smoke					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  400,000.00		12b. PERSONAL INJURY  500,000.00		12c. WRONGFUL DEATH  900,000.00	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).  					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 5/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

USAA

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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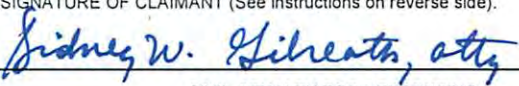
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C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

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1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Jacob L. Dykstra Jeralyn K. Dykstra 2965 S.E. 38th Street Ocala, FL 34480		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  <div style="height: 40px;"></div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence including house, log house and shed plus furnishings and total contents located at: 1109 Annes Road, Unit 1, Gatlinburg, TN					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  <div style="height: 60px;"></div>					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
300,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 300,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Erie

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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SIDNEY GILREATH  
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NASHVILLE OFFICE  
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NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

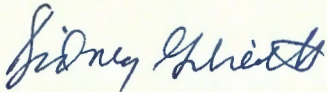
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
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EXECUTIVE SECRETARIAT  
OFFICE OF THE

026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
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William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
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Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

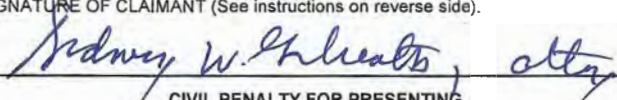


Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C. Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Rented; total contents lost; vehicle 2008 Dodge Calibar, located at: 545 Baskins Creek Rd., Gatlinburg, TN 37738;					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
50,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 50,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 11/4/18					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

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18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

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- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
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November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

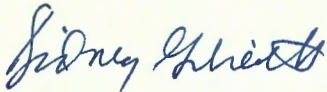
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

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Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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026043



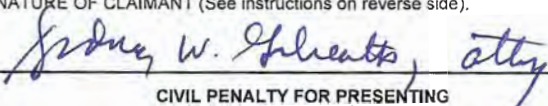
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Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday		7. TIME (A.M. OR P.M.)  4:00 P.M.
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence; total contents; had just upgraded home 3,500 square foot; located at 552 Campbell Lead Gatlinburg, TN 37738.					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH		12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
450,000.00				450,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
 <b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			(865) 637-2442		11/1/18
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farm Bureau

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

# Gilreath & Associates, PLLC

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550 MAIN AVENUE, SUITE 600

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TELEPHONE 865/637-2442  
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615/256-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAL  
OFFICE OF THE

2018 SEP -5 AM 8:08

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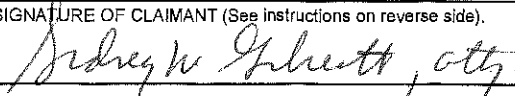
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Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Divorced	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Owner under Contract located at: 345 Greystone Heights, Gatlinburg, TN; Complete loss of Residence and total contents					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
6,300,000				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 6,300,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 5/3/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

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(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED OMB NO. 1105-0008</b>	
<b>1. Submit to Appropriate Federal Agency:</b>  United States Government Dept. of the Interior 1849 C Street, N.W. Washington, D.C. 20240			<b>2. Name, address of claimant, and claimant's personal representative if any.</b> (See instructions on reverse). Number, Street, City, State and Zip code.  James L. England, Jr. P.O. Box 610 Gatlinburg, TN 37738		
<b>3. TYPE OF EMPLOYMENT</b> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	<b>4. DATE OF BIRTH</b> [REDACTED]	<b>5. MARITAL STATUS</b> Divorced	<b>6. DATE AND DAY OF ACCIDENT</b> 11-23-2016    Wednesday	<b>7. TIME (A.M. OR P.M.)</b> 4:00 P.M.	
<b>8. BASIS OF CLAIM</b> (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The defendant, through its employees, failed to follow mandatory regulations to monitor a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto plaintiff's private property destroying his homeplace and furnishings.					
<b>9. PROPERTY DAMAGE</b>					
<b>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT</b> (Number, Street, City, State, and Zip Code).  [REDACTED]					
<b>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.</b> (See instructions on reverse side).  Claimant: Private residence at 518 Greystone Heights Road, Gatlinburg, TN 37738 (Total Loss)					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
<b>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</b>  [REDACTED]					
<b>11. WITNESSES</b>					
<b>NAME</b>		<b>ADDRESS</b> (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413, Gatlinburg, TN 37738			
<b>12. (See instructions on reverse).</b> <b>AMOUNT OF CLAIM</b> (In dollars)					
<b>12a. PROPERTY DAMAGE</b>  \$1,317,000.00	<b>12b. PERSONAL INJURY</b>  [REDACTED]	<b>12c. WRONGFUL DEATH</b>  [REDACTED]	<b>12d. TOTAL</b> (Failure to specify may cause forfeiture of your rights).  \$1,317,000.00		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
<b>13a. SIGNATURE OF CLAIMANT</b> (See instructions on reverse side).  <i>Indy W. Gilreath atty</i>			<b>13b. PHONE NUMBER OF PERSON SIGNING FORM</b>  865/637-2442	<b>14. DATE OF SIGNATURE</b>  1-6-17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

000659

 RECEIVED  
 2017 JAN 10 PM 3:31  
 OFFICE OF THE  
 EXECUTIVE SECRETARIAT

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

None

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

State Auto Insurance Company  
3400 Peachtree Road #1300  
Atlanta, GA 30326

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

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STANDARD FORM 95 REV. (2/2007) BACK

LAW OFFICES

# Gilreath & Associates, PLLC

BANK OF AMERICA CENTER  
550 MAIN AVENUE, SUITE 600

P.O. BOX 1270  
KNOXVILLE, TENNESSEE 37901-1270  
TELEPHONE 865/637-2442  
FACSIMILE 865/971-4116  
www.sidgilreath.com

SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

NASHVILLE OFFICE  
222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

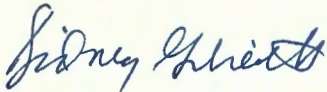
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

RECEIVED  
2018 NOV 27 AM 8:52  
EXECUTIVE SECRETARIAT  
OFFICE OF THE

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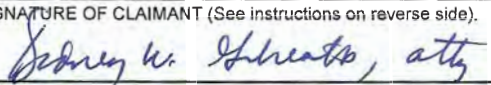
Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton

2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862



Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Timothy Fannin 7028 South Ridgewood Dr. Lambertville, MI 48141		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS  Single	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence; total contents, storage unit located at: 125 Village Drive, B1, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413  Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  300,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH  300,000.00	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).  300,000.00					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE  11/21/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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Erie

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## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK



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MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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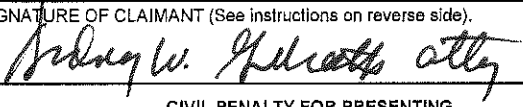
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<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of Interior 1849 C Street, N.W. Washington, D.C. 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimants: Private residence plus furnishings and total contents located at: 713 Valley View Lane, Gatlinburg, TN 37738.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  195,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  195,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/24/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farmers

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

### PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
- C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

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901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

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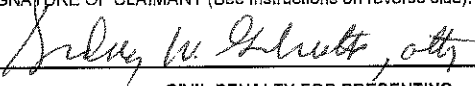
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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  W. Earl Finley 811 Wavecrest Lane Houston, TX 77062		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side).  Claimant: Private condo plus furnishings and total contents located at: 855 Campbell Lead Road Unit 511, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
260,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 260,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 5/3/18					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

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STANDARD FORM 95 REV. (2/2007) BACK



LAW OFFICES

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CARY L. BAUER  
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222 SECOND AVENUE NORTH  
SUITE 417  
NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

EXECUTIVE SECRETARIAT  
OFFICE OF THE

2018 SEP -5 AM 8:08

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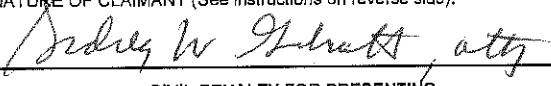
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Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738



<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Business and total contents; Cars- 1 Car, 1 Van, and 2 Jeeps for rental business located at: 1011 East Parkway Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
185,000.00				12d. TOTAL (Failure to specify may cause forfeiture of your rights). 185,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 5/3/18					
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

### INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Erie

### INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

The amount claimed should be substantiated by competent evidence as follows:

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Joseph Fratini Sandra M Fratini 151 S.E. 20th Street Cape Coral, FL 33990		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents located at: 516 Cherry Street, Gatlinburg, TN 37738					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE  200,000.00		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  200,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Gilbreath, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE  10-22-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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Coverage is inadequate

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Nationwide

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SIDNEY GILREATH  
R. CHRISTOPHER GILREATH  
CARY L. BAUER  
GINGER PICKARD

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NASHVILLE, TENNESSEE 37201  
615/256-3368

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0611

August 30, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 61 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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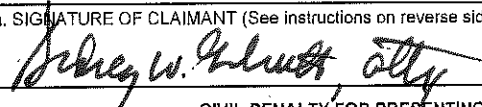


Jackie Sue Barnes 4250 Parkway Pigeon Forge, TN 37722	Christopher W. Beam Sandra A. Beam 148 Scenic View Drive Talbot, TN 37877	Ruth B. Bloom P.O. Box 1361 Gatlinburg, TN 37738
Guy E. Burroughs Christine M. Buurroughs 1432 Black Horse Run Lebanon, OH 45036	Rodney Clark 825 Smoke Rise Drive Gatlinburg, TN 37738	Nelida F. Collantes Stephen C. Bradley P.O. Box 866 Gatlinburg, TN 37738
Jeffrey L. Cook Nancy Jean Cook 9715 Pebble View Drive Cincinnati, OH 45252	Joanne Cooksey 6008 Meadow Oak Ln Knoxville, TN 37720	Jamie B. Cabbage 1630 Country Meadows Drive Sevierville, TN 37862
Bryan O. Dantzler Margaret C. Dantzler 972 Poplar Springs Rd Ringgold, GA 30736	DF Investments 1320 Arrowhead Drive Brentwood, TN 37027	Phillip C. Dollish Tammy L. Dollish 3245 Millsboro Rd. East Mansfield, OH 44903
Glenn F. Douglass George T. Douglass Jr. 2988 Majestic View Walk Lexington, VA 40511	Angelina R. Dwyer 4815 Kingston Pike #131 Knoxville, TN 37919	Kent A. Emmons 9663 Santa Monica Blvd. #869 Beverly Hills, CA 90210
James E. & Sara Farris John D. & Jean Denney 1320 Arrowhead Drive Brentwood, TN 37027	W. Earl Finley 811 Wavecrest Lane Houston, TX 77062	Melissa A. Flannery 444 Kingfisher Avenue Sevierville, TN 37762
Thomas Freeberg Katherine E. Freeberg 5925 SE 1258 Court Ocklawaha, FL 32179	Earlene A. Haddock 4302 Gainesborough Court Tampa, FL 33624	Marie P. Hand Jottie L. Hand 810 Davenport Drive Gatlinburg, TN 37738
Michele L. Huskey Billy L. Huskey 142 Hickman Hollow Road Gatlinburg, TN 37738	Debra S. Jarvis Mark Jarvis 3719 Ginseng Way Sevierville, TN 37862	Wyatt R. Jones, III Nancy Susan Jones 1740 Cherry Lane Lakeland, FL 33811
Linda L. Kalehoff 2746 Native Dancer Way Sevierville, TN 37876	Stephanie M. Kennedy Michael Salimbene 619 Huskey Grove Road Sevierville, TN 37876	Ben A. Lambeth P.O. Box 766 Wendell, NC 27591

Greg E. Lane Joy D. Lane 2835 New Center Drive Sevierville, TN 37876	Joseph F. McCahill 830 Tully Road Knoxville, TN 37919	Noble C. McCulley Loren B. McCulley 150 Oglewood Lane Gatlinburg, TN 37738
Kevin S. McGuire P.O. Box 1363 Gatlinburg, TN 37738	Alex R. Moore Polly I. Moore 1 Pearl Avenue Marietta, SC 29661	Michael R. Morgan Diana L. Morgan 319 Franklin Meadows Way Seymour, TN 37865
Maryellen Nicholson 1311 Hwy. 417 Moore, SC 29369	Joseph M. O'Neill 909 Ella Drive Sevierville, TN 37862	Leslie A. O'Neill 909 Ella Drive Sevierville, TN 37862
Harold W. Otto Linda A. Otto 2038 Fox Lane Sevierville, TN 37862	Greg S. Pancake P.O. Box 1784 Gatlinburg, TN 37738	Dharmesh H. Patel Donika N. Patel 523 East Parkway Gatlinburg, TN 37738
Scott H. Patterson Sandra L. Patterson 236 Cedarwood Drive Sevierville, TN 37876	Scott K. Perham Paula L. Perham 208 Tunnel Ridge Drive Sevierville, TN 37876	Gerald J. Portier Gwendolyn H. Portier P.O. Box 2058 Metairie, LA 70004
Larry W. Potter Wanda R. Potter P.O. Box 411434 Melbourne, FL 32941	Julio A. Rabelo 110 S.W. 48 <sup>th</sup> Avenue Miami, FL 33134	Ashley M. Rad 1733 Snapp Road Sevierville, TN 37862
Jason S. Rakes 265 New Jail St Sneedville, TN 37869	Matthew L. Robertson 1733 Snapp Road Sevierville, TN 37862	David M. Rush Regina L. Rush 9575 Hickory Lane St. John, IN 46373
Joseph S. Sherrod Tamila S. Sherrod 1541 Old Chisholm Trail Dandridge, TN 37725	Donald D. Shipman 260 Roaring Fork Road Gatlinburg, TN 37738	Daniel G. Strange Ginger P. Strange 1499 Hwy. 77 Southside, AL 35907
Benjie S. Stroupe 307 Newman Road Gatlinburg, TN 37738	Bobby R. Taylor Doris G. Taylor P.O. Box 307 Gatlinburg, TN 37738	Sabrina C. Taylor 902 Street of Dreams Way Gatlinburg, TN 37738

<p>Scott C. Tegler 41 Windermere Crescent Woodstock, Ontario, Canada N456T3</p>	<p>Glenn E. Terry Bea P. Terry 1235 Ski Mountain Road #605 Gatlinburg, TN 37783</p>	<p>Patrick Toner Lisa Ann Toner 19 Bay View Drive Westhampton, NY 11177</p>
<p>James Carl Vance 395 Devon Chase Hall Unit 3804 Gallatin, TN 37066</p>	<p>Robert D. Ward, Jr. 1110 Lower Alpine Way Gatlinburg, TN 37733</p>	<p>Anita A. Wenn Don F. Green 1171 Hemlock Drive Gatlinburg, TN 37738</p>
<p>John C. Willett Kimberly D. Willett 4004 French Broad Circle Sevierville, TN 37876</p>	<p>Scott W. Young Jayne M. Young 704 Ely Road Gatlinburg, TN 37738</p>	



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Thomas C. Freeberg Katherine E. Freeberg 5925 SE 158 Court Ocklawaha, FL 32179		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side).  Claimant: Owner of 2 Cabins; 207 and 211 Stone Fence Lane, Gatlinburg, TN 37738. Both houses with total contents lost.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Eric Cooper			1216 East Parkway #1413 Gatlinburg, TN 37738		
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
750,000.00				750,000.00	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 8/18/18
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Berkshire Hathaway

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

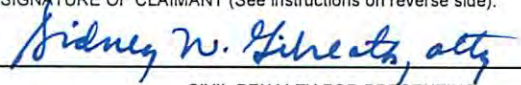
A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Cynthia L. Gaboury 454 West Kingridge Lane Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence; damage to property and contents; vehicle; located at: 454 West Kingsridge Lane Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
200,000.00			200,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 		13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farmers

## INSTRUCTIONS

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Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

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- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
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LAW OFFICES

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CARY L. BAUER  
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615/266-3388

MEMPHIS OFFICE  
ONE MEMPHIS PLACE  
200 JEFFERSON AVENUE, SUITE 711  
MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

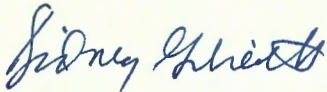
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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EXECUTIVE SECRETARIAT  
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026043

Paul W. Abbott Toni L. Abbott 1718 North Roane Street Johnson City, TN 37601	Brittany N. Adkins 2239 Grassy Branch Rd. Sevierville, TN 37876	Jayme E. Aleman 1475 Robert Ridge Road Sevierville, TN 37862
Brian H. Alspach 530 Bruce Rd. Gatlinburg, TN 37738	Tammy F. Bain Leslie N. Miles 827 Sunrise Blvd Sevierville, TN 37862	Michael Bech Sandra M. Bech 312 Saddleback Way Sevierville, TN 37862
Jody T. Bertram 520 Johnson Lane Gatlinburg, TN 37738	Stephen E. Bond 5896 Milburne Drive Milford, OH 45150	Marvis L. Bosarge Gonzalez P.O. Box 425 Pigeon Forge, TN 37868
Terrell M. Bouie 4749 Towensend Gatlinburg, TN 37738	Genie E. Brabham 535 Greenbriar Lane Gatlinburg, TN 37738	Deborah A. Brooks 219 Emert Street Pigeon Forge, TN 37863
William E. Brown Executor of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

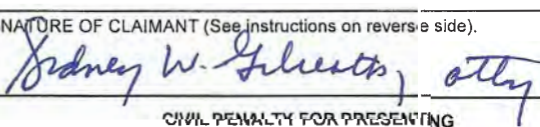
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.) 4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  [REDACTED]					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private 2 story log home; total contents lost; Car- Ford Escape located at: 234 Benson Lane, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  [REDACTED]					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
1,000,000		[REDACTED]		12d. TOTAL (Failure to specify may cause forfeiture of your rights). 1,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442	
14. DATE OF SIGNATURE 11/1/18				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				[REDACTED]	



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Farm Bureau

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
- C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
- D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Craig S. Gibbs Saye D. Ripper 438 Greystone Heights Gatlinburg, TN 37738		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/23/2016      Wednesday	7. TIME (A.M. OR P.M.) 4:00 P.M.	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. Government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents; Cars- Model A car, 2003 Chevy Silverado, Bobcat T 190; located at: 438 Greystone Heights, Gatlinburg, TN 37738					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
760,000.00			760,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  <i>Sidney W. Gilreath, atty</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM (865) 637-2442		14. DATE OF SIGNATURE 10-22-17
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



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16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of Insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Travelers

## INSTRUCTIONS

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(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

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D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

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LAW OFFICES

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MEMPHIS, TENNESSEE 38103  
901/527-0511

November 21, 2018

United States Government  
Department of the Interior  
1849 C Street, NW  
Washington, DC 20240

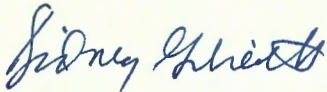
Re: Gatlinburg Fire beginning November 23, 2016

Gentlemen:

Enclosed herewith are the Standard Form 95 claims of additional clients we represent as a result of the Gatlinburg Fire beginning November 23, 2016, and a list of the 97 claimants whose forms are attached.

Sincerely,

GILREATH & ASSOCIATES, PLLC



Sidney W. Gilreath, Esq.

SWG/tfb  
Enclosures

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EXECUTIVE SECRETARIAT  
OFFICE OF THE

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William E. Brown Exector of Estate of Elaine H. Brown 97 Ellis Drive West Falls, NY 14170	Eve O. Buero 1256 Kingbranch Rd. Sevierville, TN 37876	Mack Newman Butler Connie Panelle Butler 207 Roseland Drive Rainbow City, AL 35906
Jones and Butler Investments, LLC 3518 Montrose Ave. Rainbow City, AL 35906	Jamila M. Byrd, next of kin of Pamela Jean Johnson, Deceased 328 East Morelia Ave. Knoxville, TN 37917	Gae Campbell 4206 Dolly's Drive Sevierville, TN 37876
Lindsey Campbell 608 E. Reagan Lane Gatlinburg, TN 37738	Myrl D. Carr Administrator of Estate of Myrl J. Carr 3230 Woods Way Sevierville, TN 37876	Charles S. Cavanaugh 413 McMahan Avenue Sevierville, TN 37862
Destin R. Chambers Kelsey Y. Chambers 1013 Powdermill Rd. Gatlinburg, TN 37738	Julie Lynn Chase Caleb B. Chase P.O. Box 6805 Sevierville, TN 37864	David R. Cheatham 611 Anderson Drive Clarksville, TN 37040
Steve W. Cofield Jan Cofield 4016 Rainbow Drive Rainbow City, AL 35906	Terry D. Daniel Carol A. Daniel 4387 School Section Rd. Cincinnati, OH 45211	Leon C. Dodd 638 Cedar Lane, Apt. 1 Knoxville, TN 37912
Amy E. Dowling Don J. Dowling 214 Mills Park Rd. Gatlinburg, TN 37738	Justin W. Dumas Merry D. Dumas 212 Golden Rod Drive Seymour, TN 37865	John P. Eames Lois A. Eames 3551 Deer Foot Way Sevierville, TN 37876
Timothy James Easley P.O. Box 1763 Gatlinburg, TN 37738	Timothy Fannin 7028 South Ridgewood Drive Lambertville, MI 48141	Linda K. Garrett 234 Benson Lane Gatlinburg, TN 37738

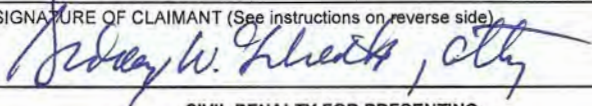
Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr. Shalimar, FL 32579	Brenda J. Halsey James L. Halsey 570 South Greenlee Rd. Troy, OH 45373	Russell E. Haskins Cheryl F. Haskins P.O. Box 23423 Knoxville, TN 37933
Mark Hass Terri Hass 1160 Tranquility Way Louisville, KY 40291	Kirk L. Heinsohn 660 Washington Rd. Gatlinburg, TN 37738	Sharon H. Hirschfield 1431 N. Arvon Lane Gatlinburg, TN 37738
Dave Hisey 1160 Upper Alpine Way Gatlinburg, TN 37738	Karen M. Holding Harry R. Holding 7104 West Santa Fe Drive Mucie, IN 47304	James D. Holifield 1320 Powdermill Rd. Apt. #3 Gatlinburg, TN 37738
John L. Hondulas 676 Maryville Pike Knoxville, TN 37920	Charlie Bob Hughes Jr. Victoria D. Fister 126 Cookeville Hwy Carthage, TN 37030	James M. Hunter P.O. Box 21568 Chattanooga, TN 37424
Kathy Jones 1420 Cherokee Circle Sevierville, TN 37862	David L. Joyner 1063 Valley View Cir Sevierville, TN 37876	Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863
, Minor B/N/F Jennifer L. Kaylor 716 Country Oaks Dr. Pigeon Forge, TN 37863	David M. Klassen Linda F. Klassen 1615 Tammany Drive Nashville, TN 37206	Kyle S. King Doreen R. King 624 Mountain Drive Gatlinburg, TN 37738
John C. Kling Cheryl A. Kling 146 Hackberry Way Dandridge, TN 37725	Karen N. Leverette John R. Leverette 360 Menawa Pass Millbrook, AL 36504	Damon J. Matthews 3551 Deer Foot Way Sevierville, TN 37876
John H. H. Matthews Kenneth M. Matthews Jr. 7400 Forests Edge Ct. Lairel, MD 20707	Jo Rita Maxwell P.O. Box 965 Pigeon Forge, TN 37868	Zina Faye McKinney 508 Houser Road Gatlinburg, TN 37738
Patrick McKnight Karen McKnight 608 Forrest Hill Dr Lexington, KY 40509	Rita S. Montero 1300 Park Blvd. Marion, VA 24354	Douglas E. Moore Sandy M. Moore 325 Beech Branch Road Gatlinburg, TN 37738
Carol G. Muszik 1199 Saint Ives Dr. Sevierville, TN 37862	James Dale Grace Christian Trust, MSM Capital Management, LLLP 1199 Saint Ives Dr. Sevierville, TN 37862	David L. Naquin, Sr. Denise A. Naquin 760 Wiley Oakley Dr Gatlinburg, TN 37738
Sue A. Naquin	Carroll E. Nichols	Jacob W. Parton



2614 Surftide Drive Dandridge, TN 37725	109 Carlstown Drive #2 Pigeon Forge, TN 37863	Betty J. Parton 1256 Kingbranch Rd. Sevierville, TN 37876
Miranda L. Paulk Dora Jean Paulk 430 Mountain Drive Gatlinburg, TN 37738	Amanda B. Perryman 221 Woodland Road Gatlinburg, TN 37738	Melanie Meeks Phillips, next of kin of Bradley Phillips, deceased 5861 Wild Fig Lane Ft. Myers, FL 33919
Wesley M. Pittman Katrina L. Pittman 818 Wesley Drive Gatlinburg, TN 37738	Giselle Porraspita 15240 SW 148 <sup>th</sup> Terrace Miami, FL 33196	Paul Cliff Price 320 Ownby Street Gatlinburg, TN 37738
Florian J. Puhala, Jr. Mary E. Puhala 601 Glades Road, Suite 12 Gatlinburg, TN 37738	Larry D. Raymes Karen Raymes 835 Terry Drive Gatlinburg, TN 37738	Betsy C. Rettig 124 Plaza Drive Unit 3104 Pigeon Forge, TN 37863
Jacqueline R. Robertson 2805 Dower Road Sevierville, TN 37876	Sandra Rovhana-Lollino William Mark Gillham 9 Jungle Plum Ct South Homosassa, FL 34446	Mark Rueter Glen Beasley 117 Joy Street Sevierville, TN 37862
Kerry "Tom" Sanders Denise M. Sanders 250 Collier Drive Sevierville, TN 37862	Phyllis J. Seidel 2768 Mill View Court Hamilton, OH 45011	James Tom Shofner Cheryl A. Shofner 127 Captain Lowman Rd. Chapin, SC 29036
Elizabeth A. Smith Claude Thomas 1619 Butternut Lane Sevierville, TN 37876	Owen G. Smith Rick Cook 4008 Rose Hill Ave. Cincinnati, OH 45229	Joel A. Sortore Tomeika C. Stallworth 3259 Sims Road Sevierville, TN 37876
Deborah T. Spillers, Admx of the estate of Charles Edwin Taylor 125 Pine Gate Dr Greenville, S.C. 29607	Connie R. Springfield Barry S. Springfield 59 Stonecreek Drive Cartersville, GA 30120	Tammie R. Starkey Tommy L. Starkey P.O. Box 1758 Pigeon Forge, TN 37868
Arthur W. Stewart 1359 Korey Blvd. Sevierville, TN 37876	Michael B. Thompson 2328 Big River Overlook Drive Apt. #7 Sevierville, TN 37876	Michael G. Thompson Sue D. Thompson P.O. Box 1554 Gatlinburg, TN 37738
Raymond A. Waddle Jr. Jacqueline Waddle 235 Jones Cove Rd Cosby, TN 37722	Delbert R. Wallace 1375 Ogle Rd. Apt. 4 Sevierville, TN 37876	Douglas S. Yates Audrey Yates 117 Joy Street Sevierville, TN 37862

Joshua Yates Krista Yates 2213 Douglas Dam rd., Apt. 2 Sevierville, TN 37876	Julie O. Yates Anthony L. Yates 735 Cummings Chapel Rd. Sevierville, TN 37876	Charles C. Young Deborah L. Young 3495 Country Hill Drive Bartlett, TN 38135
Judy A. Sullivan, Gerald Sullivan Mountainside Rentals 402 Minnow Lane Gulf Shores, AL 36542		



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  United States Government Department of the Interior 1849 C Street, N.W. Washington, DC 20240			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Stephen R. Gilmore Deborah L. Gilmore 19 Meigs Dr Shalimar, FL 32579		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  11/23/2016                      Wednesday	
7. TIME (A.M. OR P.M.)  4:00 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  The U.S. government through its employees, failed to follow mandatory regulations to monitor and extinguish a fire in the Great Smoky Mountains National Park, thereby allowing it to spread beyond the park boundaries onto claimants' private property, destroying their property.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Claimant: Private residence plus furnishings and total contents, jewelry, cat and dog, located at: 315 Tower Road, Gatlinburg, TN 37738;					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Eric Cooper		1216 East Parkway #1413 Gatlinburg, TN 37738			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE  1,000,000		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).  1,000,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM  (865) 637-2442		14. DATE OF SIGNATURE:  9/13/18
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



# INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☒ Yes ☐ No 17. If deductible, state amount.

Coverage is inadequate

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☒ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

Barnes Agency

## INSTRUCTIONS

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

STANDARD FORM 95 REV. (2/2007) BACK